



# Course Companion

for OCR L3 (AAQ) Cambridge Advanced  
National: Health and Social Care

*Unit F090: Principles of Health and Social Care*

[zigzageducation.co.uk](https://www.zigzageducation.co.uk)

POD  
12974

Publish your own work... Write to a brief...  
Register at [publishmenow.co.uk](https://www.publishmenow.co.uk)

Follow us on X (Twitter) [@ZigZagHealth](https://twitter.com/ZigZagHealth)

# Contents

Product Support from ZigZag Education.....	
Terms and Conditions of Use.....	
Teacher’s Introduction.....	
<b>Chapter 1: Equality, diversity, and rights in health and social care settings .....</b>	
1.1: Diversity.....	
1.2: Equality.....	
1.3: Rights.....	
1.4: Discrimination in health and social care environments .....	
1.5: Potential impacts on individuals of discrimination .....	
<i>Chapter 1: Questions (1.1–1.5)</i> .....	
<b>Chapter 2: Managing hazards, health and safety in health and social care settings .....</b>	
2.1: Potential hazards in health and social care settings .....	
2.2: Possible impacts of hazards on individuals receiving or providing care .....	
2.3: Health and safety management .....	
2.4: Health and safety incidents in health and social care settings .....	
<i>Chapter 2: Questions (2.1–2.4)</i> .....	
<b>Chapter 3: Legislation in health and social care settings .....</b>	
3.1: The role of legislation .....	
3.2: The Equality Act (2010) .....	
3.3: The Health and Care Act (2022) .....	
3.4: The Children Act (2004).....	
3.5: Data Protection Act 2018 (GDPR) .....	
3.6: Health and Safety at Work Act (1974).....	
3.7: Manual Handling Operations Regulations (1992) .....	
3.8: Control of Substances Hazardous to Health (COSHH) (2002) .....	
3.9: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) .....	
<i>Chapter 3: Questions (3.1–3.9)</i> .....	
<b>Chapter 4: Best practice in health and social care settings.....</b>	
4.1: Person-centred values.....	
4.2: The 6Cs .....	
4.3: Safeguarding in health and social care settings .....	
4.4: Supporting practitioners to apply best practice in health and social care settings .....	
<i>Chapter 4: Questions (4.1–4.4)</i> .....	
<b>Answers to Revision Questions .....</b>	
Chapter 1: Equality, diversity, and rights in health and social care settings.....	
Chapter 2: Managing hazards, health and safety in health and social care settings.....	
Chapter 3: Legislation in health and social care settings .....	
Chapter 4: Best practice in health and social care settings.....	

INSPECTION COPY

**COPYRIGHT  
PROTECTED**



# Teacher's Introduction

This is a Course Companion for **F090: Principles of health and social care**, part of the OCR Level 3 Alternative Academic Qualification (AAQ): Cambridge Advanced National in Health and Social Care. The aim of this resource is to guide students through the core content of the unit, providing them with in-depth information that covers each of the specification points. The resource aims to provide students with the knowledge and skills that will help them succeed in the assessment for this unit.

**Remember!**

Always check the exam board website for new information, including changes to the specification and sample assessment material.

For clarity and ease of use, the content of this Course Companion matches the order of the specification points. The content is structured as follows against the unit's content:

Content Area	Content
<b>Topic Area 1:</b> Equality, diversity, and rights in health and social care settings	1.1 Diversity 1.2 Equality 1.3 Rights 1.4 Discrimination in health and social care environments 1.5 Potential impacts on individuals of discrimination
<b>Topic Area 2:</b> Managing hazards, health and safety in health and social care settings	2.1 Potential hazards in health and social care settings 2.2 Possible impacts of hazards on individuals receiving or providing care 2.3 Health and safety management 2.4 Health and safety incidents in health and social care settings
<b>Topic Area 3:</b> Legislation in health and social care settings	3.1 The role of legislation 3.2 The Equality Act (2010) 3.3 The Health and Care Act (2022) 3.4 The Children Act (2004) 3.5 Data Protection Act 2018 (GDPR) 3.6 Health and Safety at Work Act (1974) 3.7 Manual Handling Operations Regulations (1992) 3.8 Control of Substances Hazardous to Health (COSHH) (2002) 3.9 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (2013)
<b>Topic Area 4:</b> Best practice in health and social care settings	4.1 Person-centred values 4.2 The 6Cs 4.3 Safeguarding in health and social care settings 4.4 Supporting practitioners to apply best practice in health and social care settings

Throughout the resource, there are key features to keep an eye out for:

**Keywords:** used to draw students' attention to various keywords throughout the unit.



**Did you know?** Provides further information and additional content to inspire students.



**Case study:**  
Helps students to apply the issues identified in the resource to real-world scenarios.



**Applied activity:** Encourages application of knowledge to the case study or to real-world scenarios in the health and social care sector.



**Research activity:** Inspires further research, and aims to stretch and challenge higher-ability students.



Some of the activities can be completed using either computers, mobile phones or tablets to aid students' research, and/or can be completed outside the classroom as homework.

There are also two sets of **questions** – *checking my understanding* and *developing my understanding* – provided at the end of each section (with answers included). These should help students recap their knowledge and then apply their knowledge and understanding, respectively, throughout the Course Companion.

August 2025

# Chapter 1: Equality, diversity, and rights in social care settings

A fundamental part of meeting the care and support needs of individuals involves understanding and supporting unique individuals. Care staff must also ensure that service users are not being discriminated against because of the way that care is carried out.

## 1.1: Diversity

It is important that care staff respect the **diversity** of service users. Diversity means difference, and every service user you work with will be a unique individual. Respecting the diversity of an individual means respecting their culture and values and accommodating their unique needs. This is particularly important given that many of the UK today are highly multicultural, meaning that you are likely to meet people from all walks of life. Taking the time to understand someone else's culture and values broadens your knowledge and empathy, which helps you to be a more effective care worker.

**Did you know?** In the year ending March 2024, police in England and Wales recorded a 5% decrease from the previous year. As in previous years, many of these offences were against the LGBT+ community, accounting for over two-thirds (70%) of all hate crimes.<sup>1</sup> [zzed.uk/12974-hate-crimes](https://www.zzed.uk/12974-hate-crimes)

### Age

In health and social care, age diversity is an important factor that requires tailored support to address the unique needs of different age groups due to the rising **ageing population**.

**Ageing population:** refers to a population where life expectancy rises and birth rates fall, resulting in a higher percentage of older people.

Age group	How they can be supported in health and social care
Children	Children need specialised paediatric care, which includes regular developmental monitoring. Communication should be age-appropriate and playful methods for younger children to meet care and communication services should be acceptable, equitable, appropriate and effective.
Young adulthood	Young adults often encounter mental health challenges and lifestyle factors. Support for this age group can include accessible mental health services and preventive care (such as on how lifestyle factors can impact health) and the use of technology to promote self-care practices.
Middle adulthood	Middle-aged adults are most likely to frequently juggle work, family and related conditions. Care provided for this group should focus on common health issues, offer flexible work-life balance, and provide services to help manage stress from career or caregiving duties.
Older adulthood	Older adults are more likely to experience age-related poor health and chronic health conditions like arthritis and heart disease. It is essential to provide age-appropriate facilities to meet individual care needs such as improved accessibility measures and ensuring regular health check-ups. Additionally, care should ensure older adults maintain their dignity and independence in daily life.

**Did you know?** Workers aged 50+ represent a rising proportion of the UK workforce. Research from 2020–21 showed workers aged 50+ accounted for 32.6% of the workforce, up from 28.1% in the early 1990s.<sup>2</sup> [zzed.uk/12974-older-workers](https://www.zzed.uk/12974-older-workers)

**COPYRIGHT PROTECTED**



<sup>1</sup> <https://www.gov.uk/government/statistics/hate-crime-england-and-wales-year-ending-march-2024/hate-crime>  
<sup>2</sup> <https://www.cipd.org/uk/knowledge/reports/understanding-older-workers/>

**Applied activity:** In small groups, create a care plan for a fictional health and social individuals across all four age groups (children, young adulthood, middle adulthood, group, identify at least one specific need and describe how your setting would meet

Think about how you would make each person feel respected, listened to, and support their age and situation. Be ready to explain your choices to the class.

## Cultural differences

Cultural differences refer to the beliefs, values, customs, behaviours, and traditions of different groups of people.

This can have an impact on individuals accessing health and social care services – some may not perceive illness; some cultural beliefs shape attitudes towards treatment, leading to the use of remedies or traditional healing over modern medicine, which can influence treatment choices and health outcomes.

For care professionals, it is essential to recognise and respect different **cultures** and recognise any barriers such as language barriers, cultural norms and preferred communication styles. These differences can pose challenges to individuals accessing care services that meet individual care needs.

Cultural differences may lead to misunderstandings between patients and care professionals. For example, discussing death is seen as bad luck. A doctor who is discussing end-of-life care may unintentionally distress the patient or their family. Therefore, cultural sensitivity is essential for patient-centred care.

On the other hand, cultural differences can unite individuals from different cultural backgrounds; for example, a care home celebrates **Diwali** to promote and celebrate cultural diversity. Respecting diverse cultures and backgrounds helps to build trust and promotes effective communication, ensuring individual care needs are met.

To ensure cultural differences are supported, it is important for care professionals to learn as how to promote communication and understanding cultural norms and behaviours, challenging any stereotypes or unconscious bias they may have. It is essential for care professionals to understand cultural backgrounds and respect cultural differences. If required, care professionals should ask sensitive questions that may relate to cultural backgrounds and belief.

### Case study:

Abdul is a Muslim man, and his cultural practices include praying five times a day, fasting during Ramadan, and observing dietary restrictions, such as avoiding pork and alcohol.



**Applied activity:** What can you do as a care professional to support Abdul?



Diwali is a Hindu festival of lights.

**COPYRIGHT  
PROTECTED**



## Disability

A disability is a physical or mental impairment that affects an individual's ability to carry out normal day-to-day activities. In care settings, it is vital to provide support for individuals with disabilities using a **person-centred approach**.

Care professionals must ensure that services are accessible and tailored to the specific requirements of those who use them. Support, such as services rearranging furniture to accommodate wider pathways for mobility aids or addressing the needs of an individual directly rather than speaking to their carer, is most appropriate. In addition, effective care and support plans should be tailored to individuals' abilities, preferences and goals should be in place, and these should be kept up to date to reflect any changes. This may involve putting support in place by assisting with daily activities and promoting social inclusion by following care and support plans.

Services and care professionals should focus on empowering individuals with disabilities to live as independently as possible, reducing barriers and ensuring dignity is consistently promoted.

**Did you know?** The Department for Work and Pensions' Family Resources Survey shows that 20% of people in the UK had a disability in the 2022/23 financial year. This represents <https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2022-to-2023>

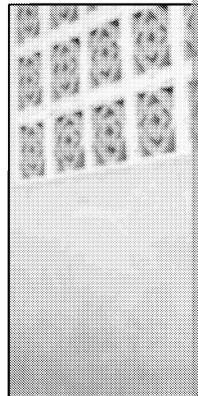
## Dress

Dress diversity refers to the variety of clothing styles influenced by cultural, religious, social and personal factors. For example, different regions have dress codes such as the hijab in Islam, the turban in Sikhism, or the yarmulke in Judaism. It is essential for care settings to promote inclusivity, professionalism, and respect for cultural differences relating to dress and find a balance between maintaining professional standards and being considerate of the cultural, religious and personal identities of both staff and service users, including dress.

For example, it is essential to accommodate cultural and religious attire for staff members to ensure that diverse cultures are respected while maintaining health and safety such as for infection prevention and control where dress may be a safety standard.

Allowing for freedom in dress can enhance comfort and well-being among both staff and patients. This respectful and inclusive approach helps to create a welcoming environment for all. Care professionals should ensure that policies and procedures are inclusive of dress diversity, and keep up to date on knowledge, e.g. by receiving culturally appropriate training.

Person-centred approach on the specific needs of the individual and choice



Respect for different practices and different environments

INSPECTION COPY

COPYRIGHT PROTECTED



<sup>3</sup> <https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2022-to-2023>

## Ethnicity

**Ethnicity** in care settings must be embraced to ensure a diverse and culturally sensitive environment. It is important for care professionals to understand how ethnicity can influence and impact care. This includes accessing high standards of quality care and person-centred practice.

Factors related to ethnicity, such as (cultural) beliefs, experiences of racism, and genetics, can have a negative impact on care. For example, negative experiences may lead to patients from certain ethnic minorities to avoid services or feel reluctant to share concerns.



**Ethnicity** refers to a person's identification with a particular cultural group such as language, history, cultural practices, religion, traditions, or geographic origin.



Recognising the influence of ethnicity on health and social care is essential for care professionals to be culturally competent and to address the challenges that different ethnic groups may face. This can be promoted through training to raise awareness and to keep up to date on ways inclusive care can be promoted.



## Education

Diversity in education refers to the inclusion of different gender, racial, ethnic, social, economic, and cultural backgrounds within the learning environment. Diversity in education is crucial within care settings, as it encourages inclusive learning environments that prepare professionals to meet the needs of diverse individuals.

Education plays a significant role in enhancing the cultural competency of care professionals through various training. This competency enables them to understand, respect and accommodate the unique beliefs of individuals in their care from various cultural backgrounds. For example:

- Providers can support diverse needs by offering additional learning support for example, as using dyslexia-friendly fonts or audio materials.
- They can also provide accessible learning materials for those with visual impairment such as screen-reader-compatible documents or Braille resources.
- Additionally, including sexual relationships education (SRE) that covers LGBT+ learners, ensuring they are valued and respected.



Diverse educational experiences teach future professionals that care practices can vary across cultures, values, traditions and beliefs. By incorporating these cultural aspects into their training, they are better equipped to respect and integrate cultural values and preferences into the care they provide.

**COPYRIGHT  
PROTECTED**



## Family structure

Families come in all manner of shapes and sizes, and it is essential for care professionals to understand diverse family structures. Different family dynamics may require tailored approaches to meet the needs of the individual accessing care alongside their family structure to ensure high quality care.

**Research activity:** Research the different types of families found in the UK, e.g. nuclear.

For example, a child receiving care at an early age may have a non-traditional family structure such as step-families. Care professionals should be aware of these sensitisation rights and that there may be a need for legal responsibility.

To ensure the best support for service users, care professionals should adopt a non-judgemental approach to support to each family's unique values and circumstances. This enables the provision of quality care for individuals while also providing necessary support for their families.

## Food or special dietary requirements

Food and dietary needs play a crucial role in health and social care, as nutrition significantly impacts physical and mental well-being. It is essential to meet the nutritional requirements of each individual, taking into account their preferences.

Cultural backgrounds can influence dietary preferences; for example, some cultures may require specific foods to be **halal** or **kosher**, while others may adhere to vegan diets based on religious beliefs. Care professionals must respect these dietary restrictions when providing meals to service users within care settings. Additionally, it is important to be aware of medical dietary needs, as patients may have allergies to certain foods that could put their health at risk. As well as this, some service users in care settings such as hospitals or residential care settings may have mental health conditions, such as eating disorders or depression, which can impact their dietary needs.

Promoting good nutrition can positively influence well-being outcomes. Personalised dietary plans and support plans for service users should be in place in different care settings, and these should be followed by care professionals to ensure that the service users' specific special dietary requirements are being met.

## Gender / Gender reassignment

Gender and **gender reassignment** can affect an individual's interactions and experience of care settings.

For example, an individual attending a day centre which they enjoy is repeatedly misgendered by a new member of staff which has led to them not wanting to return to the day centre, leading to social isolation and having a negative impact on their mental health and self-esteem.

It is essential for care professionals to receive appropriate training to avoid misgendering and to create a supportive environment for all service users. This includes understanding gender dysphoria (whereby individuals may struggle with their assigned gender) and implementing inclusive practices. These include using patients' chosen names and pronouns, providing gender-neutral facilities, and offering hormone replacement therapy (HRT) in a safe and confidential manner. Such practices help to ensure that individuals accessing care services receive high quality care.

**Gender reassignment** is the process of changing one's gender identity to align with their self-identity, which may involve medical or surgical procedures.

**COPYRIGHT  
PROTECTED**



**Research activity:** Research how health and social care services support individual gender reassignment. Think about access to services and inclusive policies that may be put in place.

## Language

Supporting language diversity within a health and social care setting is essential for creating an environment that respects and accommodates the needs of all patients.

Language barriers can significantly impact the care provided, leading to misunderstandings and a reduction in the use of care.

To mitigate these challenges, it is beneficial to have interpreters available and to encourage staff to hire multilingual professionals within the service to assist patients effectively.

Additionally, providing materials such as posters and brochures in a variety of languages and ensure that all patients feel welcomed. Addressing language diversity demonstrates promoting equality and ensures that individuals from all backgrounds have access.

**Did you know?** As of 2021, around 91.1% of the population in England and Wales (England and Wales) as their main language. The most common non-English language spoken in 2021 was Polish. <sup>4</sup> [zzed.uk/12974-languages](https://www.zzed.uk/12974-languages)

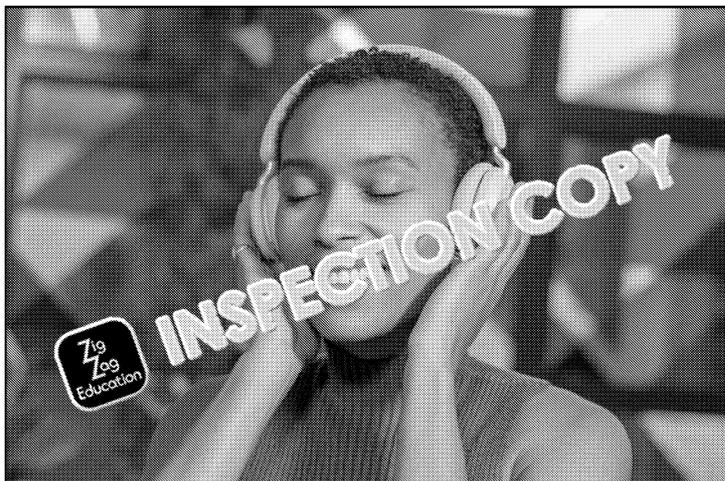
## Music

Music plays a significant role in care settings. This is due to it being influenced by experiences – music can connect individuals to their emotions, memories, and senses. It can help reduce anxiety, improve cognitive function, and, in some cases, relieve pain.

In therapeutic settings, music is particularly beneficial for individuals with dementia and other health conditions. It can evoke positive memories that enhance mood and can also improve verbal communication. Additionally, music serves to celebrate and support cultural diversity, creating a more inclusive environment. Care professionals can be supported to promote music into various activities to meet individuals' needs.

### Case study:

In a nursing home, many residents are from different cultural backgrounds, but the facility plays Western classical music, which does not reflect everyone's preferences.



**Applied**  
for care  
sensitive  
such as  
well-being

**COPYRIGHT  
PROTECTED**



<sup>4</sup> <https://www.statista.com/topics/2288/languages-in-the-united-kingdom/#topicOverview>

## Race

Race refers to categories of human beings defined by shared biological characteristics. Populations have become increasingly diverse. It is essential for health and social care settings to embrace this diversity.

To effectively embrace this diversity, care settings must develop culturally competent practices that respect the various backgrounds, languages and beliefs of those in their care, e.g. implementing effective anti-discrimination policies that protect individuals working for or accessing services from unfair treatment based on race or other protected characteristics. In addition to this, in the recruitment of care professionals, ensuring that the workforce reflects the diverse populations it serves. Care professionals must be trained in cultural awareness to approach their work without bias to build stronger relationships between care providers and patients. This can be demonstrated through training on the importance of equality and diversity in patient care and treatment.

Furthermore, it is important for employers to ensure a culturally diverse workforce and themselves represented among health and social care professionals. When racial diversity is recognised, it can enhance the quality of care and contribute to a more inclusive culture.

## Religion or belief

Religion is the belief in and worship of a god or gods, or a system of belief and worship that is based on sacred texts and spiritual practices. Religion and belief should be given due consideration in care practices. An individual's beliefs can greatly influence their treatment choices; for example, some religions may restrict certain medical procedures. Witnesses refusing blood transfusions or certain medications.

It is vital for health and social care professionals to understand and respect these beliefs. Care professionals should be aware of various religious practices and beliefs as they may need to adapt care to meet the needs of patients. Ways in which care professionals can promote this are as follows:

 <p><b>RESPECT RELIGION AND BELIEFS</b> by acknowledging and respecting religious practices, even if they differ from personal beliefs.</p>
<p><b>SHOWING AN INTEREST</b> in religious background and belief through promoting diversity.</p>
<p><b>HONOURING MODESTY AND PREFERENCES</b> such as for same-gender caregivers if preferred due to religious beliefs.</p>
<p><b>ACCOMMODATING DIETARY NEEDS</b> by ensuring meals meet religious dietary requirements (e.g. halal, kosher).</p>
<p><b>ALLOWING TIME FOR WORSHIP</b> such as by providing space and time for prayer, fasting, or other religious practices.</p>
 <p><b>PROVIDING SPIRITUAL SUPPORT</b> such as by providing access to chaplains, faith leaders, or religious texts.</p>

This can overall support better relationships between patients and care providers, ensuring they feel valued and supported throughout their care.

**COPYRIGHT  
PROTECTED**



<sup>5</sup> <https://www.stophateuk.org/about-hate-crime/racism-in-the-uk/>

## Sexuality and sexual orientation

**Sexuality** and **sexual orientation** are the long-lasting pattern of an individual's emotional, sexual, and/or romantic attraction. There are various types of sexuality or sexual orientation, such as LGBTQ+, which stands for lesbian, gay, bisexual, transgender, queer or questioning. Sexuality and sexual orientation are a vital aspect of a person's identity and can significantly impact their mental, emotional and physical well-being such as through discrimination, stigma and rejection.

In care settings, it is crucial to recognise and respect the sexuality and sexual orientation of all individuals. By recognising and respecting sexual orientation and gender identity, care professionals can provide more person-centred care and can help to improve mental well-being by boosting self-esteem and reducing the risk of discrimination based on an individual's sexuality and sexual orientation.

To deliver effective, person-centred care, health and social care professionals must be sensitive to issues related to sexuality. They should be trained to use inclusive language and to respect everyone accessing care, or staff members' sexual orientation. Creating safe spaces where patients feel comfortable and supported is essential to ensure that their individual needs are met and that they receive the care they deserve, and to help prevent any bias.

**Research activity:** Sexual harassment is a form of unlawful discrimination under the Equality Act 2010. Look up what counts as sexual harassment and create a flashcard which summarises the key points.

## Socio-economic background

**Socio-economic background** can significantly influence care, as factors such as income, education and resources affect all patients.

For instance, individuals from lower-income backgrounds may struggle to afford certain medications or types of care, which can lead to delayed treatment overall leading to higher long-term health costs or a lack of health and social care such as having a local food bank. It is the responsibility of care professionals to access quality care for every individual.

To support those from lower socio-economic backgrounds, it is important to offer financial support and be mindful of geographical locations. The stresses faced by these individuals can impact their mental and emotional well-being, so health and social care professionals should ensure they receive their care equally, ensuring fairness and support for everyone.

Initiatives such as:

- free school meals
  - financial assistance support programmes, e.g. the Low Income Scheme
  - social prescribing, e.g. exercise referral schemes
- can support families on low incomes.

**COPYRIGHT  
PROTECTED**



# 1.2: Equality

**Equality** means ensuring that all individuals, regardless of their personal characteristics, have equal opportunities, services and support. It involves care staff treating people with dignity and respect, and meeting their unique needs. This approach aims to eliminate discrimination and promote inclusion.

## What does equality mean?

Equality in health and social care means that everyone receives an equal standard of care. This doesn't mean that equality is about treating everyone in the same way. Because each person is so different, care should be provided in a way that meets everyone's needs. However, each person should have equality of access to this kind of high-quality and effective care. To do so, care staff should treat each service user as an individual and take their unique circumstances into account. For example, some people may need to follow a special diet for cultural reasons, and care staff should ensure these cultural needs are respected and met.

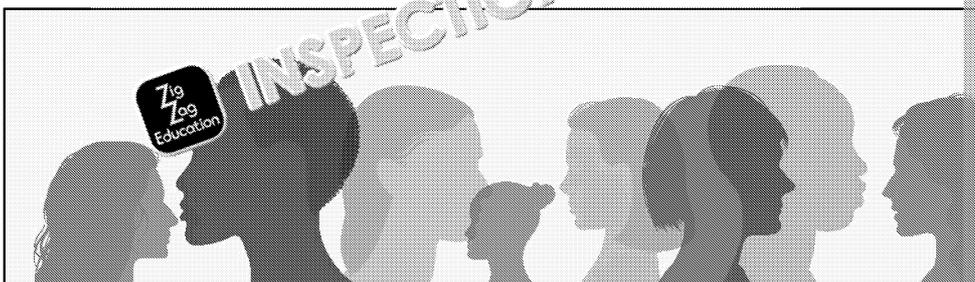
## Why is equality important?

Equality in health and social care is essential because it ensures that services are fair and accessible to everyone. It guarantees that all individuals, regardless of their background, are treated equally and receive the care and support for their health and well-being.

It is crucial for health and social care professionals to treat those in their care with respect and dignity. For example, if a non-English-speaking patient who is hard of hearing is admitted for surgery, care staff should arrange for a professional interpreter and provide translated materials. This ensures that the patient can understand their treatment and can give informed consent.

The positive impact of acknowledging and recognising diversity and difference	The negative impact of not acknowledging and recognising diversity and difference
<ul style="list-style-type: none"> <li>Helps to meet the diverse needs of all individuals, reducing gaps in outcomes between different population groups.</li> <li>When service users feel respected and valued, they are more likely to engage with services, promoting better outcomes.</li> <li>A commitment to equality creates a supportive workplace where staff feel respected and valued, enhancing morale and productivity.</li> </ul>	<ul style="list-style-type: none"> <li>Service users may lose trust in the system if they feel they are not being treated fairly, which can deter them from seeking help.</li> <li>Breach of legislative requirements (Equality Act 2010), potentially leading to reputational damage.</li> <li><b>Marginalised groups</b> may experience poorer health outcomes due to barriers to access.</li> </ul>

**Marginalisation:** also refers to social exclusion, where certain groups of people are excluded from opportunities or access to certain parts of society.



INSPECTION COPY

**COPYRIGHT PROTECTED**



# The link between equality and diversity

Equality and diversity are closely related within a health and social care setting, but they are based on different principles.

<p><b>Equality:</b> means ensuring that every individual has equal access to opportunities and care, regardless of their background or circumstances.</p>	<p><b>Diversity:</b> is about recognising and valuing the differences between individuals, such as culture, gender, age, etc.</p>
---	---

By promoting both equality and diversity, care settings can create inclusive environments where everyone is respected, supported, and able to thrive.

Setting/Scenario	Equality	Diversity
<b>Hospital</b>	Ensures that all patients have equal access to treatment, regardless of their background.	Respecting cultural differences, such as providing dietary meals and offering interpreters for non-English-speakers.
<b>Residential care (for older adults)</b>	All residents, regardless of age or health status, have equal access to care. For example, an individual with limited mobility is encouraged to take part in social activities which are adapted to meet their individual needs, such as using wheelchair-accessible spaces or providing one-to-one support.	Tailoring care to individual needs, such as offering activities or food options that suit their preferences.
<b>Disability support</b>	Ensures that individuals with disabilities have equal access to health and social care services and facilities.	Providing tailored care for individuals with different types of disabilities, whether physical, sensory, or mental health.
<b>Gender-specific care</b>	Ensures that both men and women receive the same level of care.	Addressing gender-specific health needs, such as reproductive health for women and prostate health for men.
<b>Community health support</b>	Guarantees that all community members, regardless of socio-economic status, receive the care they need. For example, pop-up mobility clinics can help reduce access challenges due to geographical locations or lack of transport.	Involves recognising and addressing the needs of different groups, such as ethnic minorities, sensitive mental health patients, or refugees.

Promoting equality and diversity is vital in care settings, as it can have a variety of positive impacts. It is important to recognise the significance of promoting equality and diversity, as well as the consequences they bring for everyone working in or using care services.

Positive impact of applying equality and recognising its importance	Negative impact of not recognising its importance
<ul style="list-style-type: none"> <li>+ All care services are designed to be fair and accessible to everyone.</li> <li>+ Encouraging social cohesion by embracing different perspectives and backgrounds, promotes mutual understanding and respects individual differences.</li> <li>+ Inclusive environments promote a sense of belonging and mental well-being which helps to reduce feelings of isolation and discrimination.</li> </ul>	<ul style="list-style-type: none"> <li>- Facing and dealing with feelings of frustration and anger.</li> <li>- Stereotypes can harm self-esteem.</li> <li>- Delayed healthcare can lead to worse health outcomes.</li> </ul>

INSPECTION COPY

**COPYRIGHT PROTECTED**



# 1.3: Rights

Rights in health and social care ensure that individuals receive respectful, high-quality care. These rights are designed to protect the dignity and **autonomy** of those seeking access to health and social care services. Practitioners must ensure they are providing care which meets individual needs.

## Choice

Having choice in health and social care enables individuals to feel respected and individuals who are empowered to make decisions about their care, it encourages a sense of ownership which can enhance their health and well-being by boosting confidence and self-esteem.

For instance, in a homeless shelter, a care worker discusses with an individual in the shelter what meals they enjoy, what support they require and how they prefer to spend their money. This promotes individual's confidence and self-esteem as it empowers them to take control of the care that is delivered.

For care professionals it is essential to promote choices and help build trust between patients and providers by honouring their individual rights to care.

**Applied activity:** The poster explains what care workers can do to promote individual rights to care in different settings.

## Confidentiality

Confidentiality is a crucial right in health and social care. It ensures that patients' information is protected, upholding their dignity, trust and safety. Safeguarding confidential information, personal data and documents are secure creates a safe and trusting care environment and meets legal requirements.

For example, when discussing a patient's condition, conversations are held in private, away from public areas, to prevent unauthorised individuals from overhearing sensitive information. However, there may be exceptional circumstances where confidentiality must be breached; in the interest of safety, disclosures may be necessary to protect individuals from abuse and harm.

**Research activity:** When may it be necessary for health and social care providers to break confidentiality?

## Consultation

**Consultation** rights within a health and social care setting empower patients to make their own decisions regarding their treatment and care. These rights ensure that health and social care professionals provide clear information about care and treatment plans, including any associated risks or concerns that patients might have.

For instance, a doctor discusses treatment options with a patient with cancer, explaining the benefits and risks of each option and considers the patient's preferences before agreeing on a plan which ensures their wishes are respected. Promoting an understanding of human rights, health and social care standards of quality care and promote person-centred practice.

INSPECTION COPY

COPYRIGHT PROTECTED



## Equal and fair treatment

Equal and fair treatment rights are a vital part of health and social care practices. Everyone is treated fairly and without discrimination, regardless of their race, religion, or ethnicity. This approach guarantees that all individuals receive the treatment and care they are entitled to with dignity and addresses their needs.

### Research activity:

Research the different types of abuse and how to safeguard individuals in care settings.



### Case study:

A non-English speaking patient, Mr Choi, who recently moved from China, arrived at the hospital with severe chest pain. Due to the language barrier, he struggled to communicate his symptoms, leading to delays in treatment. Some staff initially assumed his condition was not urgent.

**Applied activity:** Read the case study above. Is this fair or unfair treatment? Explain your answer.

## Protection from abuse and harm

The right to protection and freedom from harm in health and social care ensures a safe and secure environment that upholds their dignity. This right safeguards people from harm, including neglect, abuse, unsafe practices, or insufficient safeguards. Health and social care providers have a responsibility to create a secure setting, prioritise safety, and promptly respond to concerns. This not only protects individuals' well-being but also encourages trust in the care system, ensuring individuals feel respected, valued, and confident in the quality and safety of their care.

**Applied activity:** In small groups, create a role-play of how you would handle a resident. Ensure that you use appropriate questioning techniques, support, and



**COPYRIGHT  
PROTECTED**



# 1.4: Discrimination in health and social care environments

Discrimination in health and social care happens when individuals are treated unfairly based on characteristics such as age, gender, race or disability. This unfair treatment can result in reduced services, worse health outcomes, and a sense of exclusion among those seeking care. Addressing discrimination to encourage a fair and inclusive environment for everyone.

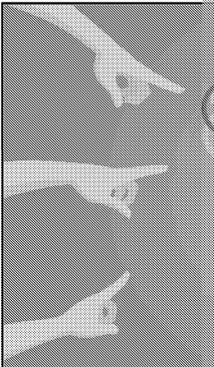
## Prejudice

**Prejudice** is a preconceived opinion that is not based on reason or actual experience. It often results in biased decision-making, unequal treatment, and a breakdown in trust between users and providers. It is important to address prejudice through education, awareness, and policies that guarantee equitable and respectful treatment for everyone in health and social care.

For instance, an elderly patient might be overlooked as 'too old' for certain treatments that could improve their quality of life, or a person with a learning disability may be excluded from participating in their own care due to misguided assumptions about their abilities.

**Prejudice:** a pre-existing belief about a person or a group of people.

**Protected characteristics:** it is illegal to discriminate against someone based on one or more of these, under the Equality Act 2010. The protected characteristics are age, sex, disability, sexual orientation, race, pregnancy / maternity status, gender reassignment, marriage / civil partnership, race, ethnicity, and religion/belief.



Basis of prejudice	Impact in health and social care	Examples of discrimination
Race	Can lead to biased treatment and unequal access to care.	<ul style="list-style-type: none"> <li>A patient of a minority race receiving inadequate pain management compared to others experiencing similar symptoms.</li> <li>In residential homes, care plans failing to consider the cultural, religious or dietary needs of individuals from different ethnic backgrounds.</li> </ul>
Age (ageism)	Can lead to older adults' symptoms being missed or younger people's health concerns ignored.	<ul style="list-style-type: none"> <li>Fatigue or pain in older adults may be overlooked or seen as part of normal ageing. This can lead to the underdiagnoses or misdiagnosis of health conditions like depression, arthritis, or heart disease.</li> <li>A young person's mental health concerns being dismissed.</li> </ul>

**COPYRIGHT PROTECTED**



INSPECTION COPY

Basis of prejudice	Impact in health and social care	Examples of discrimination
<b>Culture</b>	Can lead to poorer care, psychological harm and barriers to accessing services.	<i>A black woman's pain complaints dismissed; she is not given adequate pain relief, due to the unfounded belief that individuals from her background have a higher pain threshold.</i>
<b>Disability</b>	Can lead to biased treatment, inaccessibility, and poorer outcomes for individuals with disabilities.	<ul style="list-style-type: none"> <li>• <i>Lack of accessibility features, e.g. ramps and lifts in premises</i></li> <li>• <i>Failing to provide interpreters or aids for effective communication</i></li> </ul>
<b>Religion</b>	Failure to accommodate religious beliefs in care plans.	<ul style="list-style-type: none"> <li>• <i>Not offering halal/kosher food options</i></li> <li>• <i>Assuming a Muslim woman wearing a hijab is oppressed and not allowing her to express her preferences for gender-specific care providers</i></li> </ul>
<b>Gender</b>	Stereotyping leads to unequal treatment.	<ul style="list-style-type: none"> <li>• <i>A woman's health concerns are dismissed, assuming they are due to emotional or hormonal issues</i></li> <li>• <i>Men being discouraged from seeking mental health support</i></li> </ul>
<b>Socio-economic background</b>	Assumptions about financial status affect care quality.	<i>Low-income patients receive less information on treatment options, assuming they won't understand or prioritise their health.</i>
<b>Sexual orientation</b>	Some patients face bias and inappropriate treatment.	<ul style="list-style-type: none"> <li>• <i>A lesbian patient receiving irrelevant advice; being told her health issues are related to her sexual orientation</i></li> <li>• <i>A transgender person being misgendered and denied access to gender-affirming care</i></li> </ul>

**Applied activity:** In small groups, choose **one** of the examples of discrimination from the table (e.g. disability). Create a short case study based on that example, then develop a response plan that your service could use to address the discrimination identified. Your plan should include: how staff can be supported at the moment, what training or policy changes might help, and how to support the affected individuals.

**COPYRIGHT  
PROTECTED**



## Discriminatory behaviour

**Discrimination** means treating someone differently based on one or more characteristics, such as their age, sex, ability/disability, ethnicity or class. Discrimination is often driven by prejudice and can be extremely harmful. There are several different types of discrimination, which are described in the table below.

Type of discrimination	Description
<b>Direct discrimination</b>	Being treated less favourably because of who you are. This is a direct discrimination based on protected characteristics.
<b>Indirect discrimination</b>	Being placed at a disadvantage because of a rule, policy or practice in the same way. When this rule disadvantages a certain group it is indirect discrimination.
<b>Victimisation</b>	This is when someone is treated less favourably because they have complained about discrimination or because they have helped someone who has.
<b>Unintentional</b>	This is when someone is harmed or mistreated without deliberate intent. Unintentional discrimination often arises from ignorance, poor practice, lack of training, or negligence.

## Abuse

Abuse refers to any action or **failure** to act that causes **harm**, distress, or violation of an individual's rights. It can occur in any setting where care is provided. Abuse undermines safety, and violates the essential duty of care owed to individuals. Identifying and addressing abuse is crucial for creating a safe care environment.

Type of abuse	Characteristics	Examples
<b>Verbal</b>	Using words to harm, intimidate or control another person through verbal communication. Such behaviour can lead to emotional distress, lowered self-esteem, and a sense of powerlessness.	Insults, harsh criticism, manipulation, and dismissing feelings.
<b>Physical</b>	Involves the intentional use of force that results in bodily injury, pain, or harm. Often leads to visible injuries, pain, or fear of further harm.	Actions such as hitting, kicking, choking, or physically restraining.
<b>Mental / Psychological</b>	Involves actions that harm an individual's mental health, self-esteem, or sense of control. Characteristics of this type of abuse include constant criticism, manipulation, intimidation, humiliation, and attempts to isolate the victim from others.	A caregiver degrading their care, making false promises, and incapacitating.
<b>Neglect</b>	Characterised by the failure to meet a person's basic needs, such as food, shelter, medical care, hygiene, or emotional support.	A caregiver failing to provide or medical treatment, or not providing support to an older person, or untreated.
<b>Financial</b>	The illegal or unethical use of someone's money or property. Characteristics include exploiting a person for financial gain, controlling their access to money, or pressuring them into financial decisions against their will.	<ul style="list-style-type: none"> <li>A family member withdrawing a relative's bank account.</li> <li>A caregiver using money for personal expenses without permission.</li> </ul>

**Research activity:** Research how safeguarding procedures are used in health and social care settings to prevent and respond to abuse.

**COPYRIGHT  
PROTECTED**



## Being patronising

Being patronising in health and social care settings involves treating patients or service users who are less capable, intelligent or important, often using condescending language or behaviour.

This attitude can diminish an individual's autonomy, self-esteem, and willingness to engage in their own care. Examples of patronising behaviour include addressing an adult patient as a child, dismissing their contributions during decision-making processes. Such actions are disrespectful and can lead to a breakdown in trust between the patient and the caregiver. It is crucial for health and social care staff to be respectful and to uphold each person's dignity, and empower individuals in their care, thereby encouraging a collaborative environment.

## Breach of health and safety

A breach of health and safety in health and social care settings occurs when regulations or guidelines intended to protect the well-being of patients, staff or visitors are not followed. This can include failing to maintain a clean and safe environment, not using appropriate equipment, or neglecting to provide necessary training for handling hazardous materials. Such breaches can result in accidents, injuries, or the spread of infections. Ensuring compliance with health and safety standards is vital to safeguard both individuals receiving care and those providing it, and it requires regular monitoring and corrective actions when issues arise.

**Research activity:** Research a case of a breach of health and safety in a health and social care setting.

## Bullying

Bullying in health and social care involves repeated harmful behaviours directed at an individual, which can be verbal, physical or psychological.

This may include:

- Mocking
- Intimidation
- Exclusion
- Undermining someone's work

This can often lead to emotional distress, reduced confidence, and a toxic environment for patients. Bullying can occur among staff members, between staff and patients, or between patients. It is essential to address bullying promptly to maintain a respectful and supportive environment, ensure the well-being, and ensure high-quality care for all individuals. Implementing clear policies, providing training, and encouraging a culture of zero tolerance are vital steps in preventing and addressing bullying.

## Inadequate care

Inadequate care in health and social care settings refers to the failure to provide the level of support needed to meet the requirements of patients and service users. This can include poor hygiene, failing to administer medications correctly, or not offering adequate emotional support. Inadequate care may also stem from a lack of proper training or resources for staff, leading to unsafe environments. Such shortcomings can have serious consequences for individuals receiving care, underscoring the importance of well-trained, compassionate staff and effective care systems to ensure service delivery.

**COPYRIGHT  
PROTECTED**

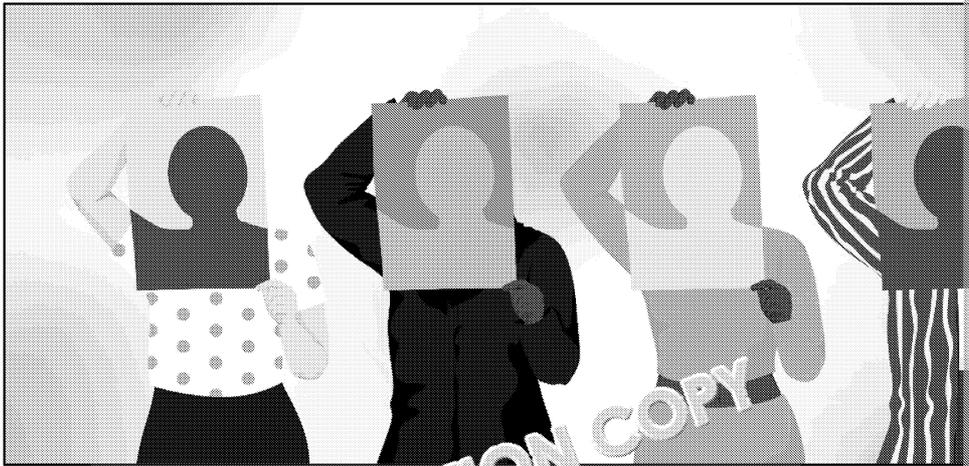


## Labelling/stereotyping

**Labelling** and **stereotyping** occur when individuals are judged or treated based on preconceived notions or generalisations rather than their unique needs or characteristics.

This may involve making assumptions about a patient's abilities or limitations based on factors such as age, gender, ethnicity or diagnosis, which can lead to biased treatment and diminished quality of care.

Stereotyping can also result in staff not looking the individual preferences and strengths of patients, only focusing solely on their perceived deficits. To effectively address labelling and stereotyping, it is essential to promote person-centred care, enhance awareness, and provide training to ensure that all patients are treated with respect and dignity, regardless of their background or condition.



## 1.5 Potential impacts on individuals of

Discrimination can have a severely negative effect on someone who has experienced it. To give an example based in a care setting, imagine that someone who has just moved into a residential home needs to follow a special diet due to cultural reasons. However, this care home only provides one meal option for everyone, which does not meet this individual's cultural requirements. This means they are a victim of indirect discrimination, as a rule that is applied to everyone has disadvantaged them. This is likely to negatively affect this person, as they are unlikely to feel valued and respected as an individual. They may also refuse the food they are given, which could lead to health complications.



Robert is in hospital. During a visit to another hospital, he makes his views towards the care home known.

Andy and Robert do not engage with the nurse. Instead they request that the nurse can speak to her about it.

- Activity:** Read through Robert's experience above, and answer the following questions.
- What kind of discrimination have you identified?
  - If you were the nurse, how would you handle this situation?

**COPYRIGHT  
PROTECTED**



It is important that health and social care staff aim to prevent discrimination from consequences which can arise. For instance, discrimination could have the following

- **Reduced self-esteem and confidence** – discrimination may lead to a re-evaluation which could lead to a poorer self-image. For example, a service user in a residential disability who faces discrimination may begin to doubt their potential to do due to the negative perceptions of others.
- **Poor mental health** – a person experiencing discrimination is more likely to such as depression or anxiety, if the person is worrying that they will continue and discrimination. For example of this is a care worker who experiences racial workplace incidents being excluded from team discussions or meetings.
- **Poor physical health** – discrimination may lead to a negative impact on a person's chronic stress, insomnia or fatigue. In addition, individuals who experience medical care due to fear of mistreatment or dismissal, resulting in potential and poor management of existing medical conditions.
- **Disempowerment** – repeated experiences of discrimination can make a person This can lead to disempowerment where a person feels reluctance to pursue due to a diminished sense of self-worth. For instance, a talented and capable background consistently is passed over for promotions in favour of colleague time, the employee may begin to question their abilities and become reluctant they may feel that their efforts will be ignored or dismissed.
- **Fear** – discrimination makes individuals feel unwelcome and unaccepted. They are afraid to speak out about discrimination or unfair treatment due to potential mistreatment. It also includes the fear of failure or criticism due to being judged.
- **Illness** – discrimination can lead to chronic stress, weakening the immune system to illness. Prolonged exposure to stress hormones can cause hypertension and chronic illnesses. As well as this, individuals may adopt unhealthy coping mechanisms such as alcohol, causing further ill health.
- **Physical harm/injury** – in extreme circumstances, discrimination can result in physical injury if it escalates to physical violence or **hate crimes**, causing injuries or long-term physical harm.
- **Unfair treatment** – discrimination can lead to unfair treatment by causing individuals to be judged based on stereotypes rather than their abilities. It can result in an individual having unequal access to resources such as education and healthcare, or to employment opportunities encouraging exclusion, denying individuals the same rights or

**Applied activity:** Read the aforementioned impacts of discrimination. For each of the following categories it falls under:

- Physical
- Intellectual
- Emotional
- Financial

Then, for each impact, give **one** additional example from a different health service (e.g. hospital, GP surgery, mental health service, community care).

**COPYRIGHT  
PROTECTED**



## Chapter 1: Questions (1.1–1.5)

### Checking my understanding:

1. What is meant by the term 'diversity'?
2. List **three** examples of person-centred values.
3. List **five** of the nine protected characteristics under the Equality Act 2010.
4. What is meant by the term 'prejudice'?
5. Describe how ethnicity can be supported in health and social care settings.

### Developing my understanding:

**Scenario:** A young mother who doesn't speak English fluently visits her GP for a prenatal

6. Explain why promoting equality is important when supporting the young mother on her GP visit.
7. Explain the positive outcomes of applying equality for the young mother and her experience of care.
8. Describe how direct and indirect discrimination could occur in the scenario with the young mother, and how each might affect her care.
9. Identify and describe **three** types of discriminatory behaviour that the young mother potentially face in a healthcare setting like a GP clinic.
10. Explain how discrimination in the scenario could impact the mother across different domains (physical, intellectual, emotional, social, financial) categories. Provide examples.

INSPECTION COPY

**COPYRIGHT  
PROTECTED**

INSPECTION COPY



# Chapter 2: Managing hazards, health and safety in health and social care settings

Health and social care settings are crucial for supporting the well-being of individuals, particularly those who are vulnerable and have diverse needs. It is essential to manage **hazards** and ensure health and safety in these environments to protect both service users and staff. This process involves identifying potential risks such as exposure to disease or infection, implementing preventive measures, and encouraging a culture of safety.



## 2.1: Potential hazards in health and social care settings

Types of hazard	Description	Examples	Application to health and social care scenarios
<b>Biological</b>	Exposure to infectious bodily fluids or biohazardous materials that may cause disease or infection.	Blood-borne pathogens (HIV, hepatitis B/C), bacteria (MRSA), viruses (influenza) and fungi (aspergillus).	<ul style="list-style-type: none"> <li>A nurse sustains a needlestick injury from an HIV-positive patient.</li> <li>Improper wound care leads to MRSA infection.</li> <li>Inadequate PPE leads to a clinician catching the flu.</li> </ul>
<b>Chemical</b>	Harmful substances that may cause health issues through inhalation, ingestion, or skin absorption.	Cleaning agents, disinfectants, anaesthetics, and medical gases.	A care assistant develops skin irritation from cleaning chemicals due to lack of PPE.
<b>Environmental</b>	Factors within the environment that impact health and well-being.	Poor temperature control, excessive noise, damp buildings, slippery floors.	<ul style="list-style-type: none"> <li>Excessive noise increases anxiety in dementia patients.</li> <li>Cold conditions affect concentration, while hot conditions lead to fatigue.</li> <li>Noise and damp conditions can increase levels of stress and discomfort and disrupt sleep.</li> </ul>
<b>Working conditions moving and handling</b>	Risks related to improper lifting techniques, manual handling, or faulty equipment.	Heavy lifting, incorrect use of hoists, inadequate training in manual handling or use of equipment. Also poorly maintained equipment.	<ul style="list-style-type: none"> <li>A nurse lifts a patient without assistance, leading to back strain.</li> <li>A care worker uses a faulty hoist, leading to patient injury.</li> </ul>

INSPECTION COPY

**COPYRIGHT PROTECTED**



Types of hazard	Description	Examples	Application to health and social care scenarios	Who may be affected?
Physical	Environmental or mechanical hazards that cause injury.	Wet floors, poor lighting, cluttered spaces, obstacles in pathways. Exposure to ionising radiation (e.g. X-rays).	<ul style="list-style-type: none"> <li>A resident falls due to inadequate lighting.</li> <li>Poor lighting causes a trip hazard.</li> <li>Overexposure to radiation due to equipment malfunctions or improper dosage settings.</li> </ul>	Eld inc me sta
Poor working practices	Unsafe practices due to inadequate resources, training or communication.	Ineffective handovers, failure to follow protocols, inconsistent supervision, long hours, or insufficient breaks.	<ul style="list-style-type: none"> <li>Mistake errors due to poor communication.</li> <li>New staff make mistakes due to lack of training.</li> <li>Insufficient breaks, or long hours, causing exhaustion, which can lead to errors and compromise standards of care.</li> </ul>	Pat inc high me
Lack of security systems	Insufficient measures to protect individuals from risks.	Unsecured doors or windows, faulty alarms, inadequate cybersecurity.	<ul style="list-style-type: none"> <li>Unauthorised access to restricted hospital areas.</li> <li>Lack of staff training leads to delayed emergency response.</li> </ul>	Sen abr inc me (di em



**Research activity:** Research one key piece of UK legislation related to health and safety in health and social care (e.g. the Health and Safety at Work Act 1974, or the Manual Handling Operations Regulations 1992). Summarise:

- What the legislation covers
- Why it's important in care settings
- How it helps protect staff and service users

Present your findings in a written report, a poster, or an infographic. Legislation is covered in more in Chapter 3.

**COPYRIGHT  
PROTECTED**



## 2.2: Possible impacts of hazards on receiving or providing care

Hazards within health and social care settings can adversely affect both service users and service providers. Hazards such as unsafe environments and inadequate care may lead to distress, and a deterioration of trust in the care system.

Care providers may also experience challenges such as understaffing and insufficient professional support, which can ultimately compromise the quality of care delivered. In addition, these hazards present financial and legal risks to care providers, potentially resulting in litigation, damage to reputation, and increased operational costs. Consequently, it is imperative to address these hazards to ensure the safety and well-being of all individuals within the care environment.

Res  
pos  
hea

### Illness

For individuals receiving care, an illness can exacerbate their physical health, leading to increased pain, disability, or prolonged recovery periods. For example, environmental hazards such as poor ventilation can lead to illnesses such as asthma being worsened by exposure to indoor air pollutants, allergens, or mould, leading a service user to have shortness of breath. This can also result in emotional distress, including depression or anxiety, particularly when their independence is compromised.

As a result, their quality of life may diminish, facing challenges in daily activities and social interactions, along with potential financial burden from medical expenses or loss of income.

On the other hand, those providing care can experience significant physical strain, such as exhaustion or injuries from tasks like lifting and assisting the service users. The emotional impact can manifest as stress, burnout, or mental fatigue, especially in the absence of adequate support or resources.

Additionally, caregivers might encounter an increased workload, requiring more time and effort to manage the patients' needs, which can lead to financial strain if they need to cut back on work hours or leave the profession.

Becoming unwell can affect all aspects of life, particularly in adolescence.

**Physical** – symptoms such as nausea, loss of abilities (dependence)

**Intellectual** – memory or cognitive function may also have

**Emotional** – anxiety over dependence can be experienced

**Social** – being unable to perform tasks or impossible to manage illnesses carry

#### Case study:

Sarah, a 35-year-old teacher, has been diagnosed with **multiple sclerosis (MS)** affecting the nervous system. She experiences a range of symptoms including fatigue and mobility issues. How may this have an impact on Sarah?

**Applied activity:** In pairs or small groups, read the case study above.

- Identify the different physical, emotional, social and financial impacts that MS may have on her daily life.
- Then, create a support plan that a health and social care setting could use to manage these challenges. Your plan could include:
  - Adjustments to her environment (e.g. mobility aids, ventilation)
  - Emotional support strategies
  - Ways to promote independence and social inclusion

INSPECTION COPY

COPYRIGHT  
PROTECTED



## Infection

For individuals receiving care, infections can pose as a major hazard that can aggravate existing conditions, leading to longer recovery times and increased pain or discomfort. Various hazards can cause infections, including poor hygiene, contaminated equipment, and improper waste disposal.

For example, inadequate personal hygiene by staff or service users can lead to the transmission of infections in care settings. Similarly, using contaminated medical equipment, such as unsterilised dental instruments, in clinical practice, can introduce harmful bacteria and cause infections. Improper disposal of sharps, needles, or soiled dressings, can also expose staff and service users to infectious agents. Infection can lead to serious complications, especially for those with weakened immune systems, potentially requiring higher care levels or life-threatening conditions. Additionally, infections can be distressing, causing emotional distress as individuals may feel more vulnerable or anxious about their health.

For individuals providing care, the risk of contracting an infection can lead to illness, which might result in **absenteeism** and a high workload on remaining staff, causing stress and high blood pressure with a reduced capacity to perform caregiving tasks effectively.

Ab  
wh  
wo

**Research activity:** What are the four main types of infection?



Care providers often face stress and fatigue when caring for an infected patient, particularly if proper infection control measures are not adhered to. Additionally, the responsibility of preventing the spread of infection to other patients or colleagues can cause emotional strain.

Both service users and care providers may find that infections boost the risk of transmission to others, necessitating stringent precautions such as isolation, enhanced cleaning measures, and the use of personal protective equipment (PPE). These requirements can disrupt regular care routines and elevate anxiety levels, impacting daily activities for both parties.

## Physical harm

In care settings, there are various hazards such as wet floors, poor lighting and cluttered walkways which can lead a service user to slip, trip or fall. These incidents may result in pain, injury, or long-term disability. For example, if a hospital patient slips on an unmarked wet floor and breaks their arm, it could significantly reduce their independence, making daily tasks and active involvement in their care more difficult. This loss of ability may also lead to emotional distress, especially if the injury affects confidence or self-esteem.

Care providers are also exposed to physical hazards, such as during manual handling of service users without proper equipment or technique can result in musculoskeletal or joint damage. These injuries may cause chronic pain, long-term disability, poor work performance, reduced capacity to perform tasks, and added pressure on colleagues. Emotional distress, such as guilt, especially if a mistake leads to a service user being harmed.

Other hazards include faulty equipment, such as broken bed rails or unstable chairs, which can malfunction during use, posing risks to both staff and service users. Inadequate training increases the likelihood of unsafe practices during care tasks like transferring, bathing,

**COPYRIGHT  
PROTECTED**



For both service users and staff, physical harm caused by these hazards can disrupt needs, and cause financial strain due to medical costs or additional care requirements of trust, with service users feeling unsafe and staff feeling blamed or unsupported.

**Did you know?** Accidents from poor manual handling techniques is attributed to the UK and approximately 11% of all manual handling accidents in the UK are in care settings totalling 3,770 cases.<sup>6</sup> [zzed.uk/12974-manual-handling-considered-risk/](https://www.zzed.uk/12974-manual-handling-considered-risk/)

## Poor physical health

For individuals receiving care, poor physical health – such as neglect, improper handling can lead to injuries, such as bruises, fractures or pressure sores, which can have a negative impact on their health and well-being.

- Injuries can result in pain, prolonged recovery, or even permanent disability.
- Negative experiences can cause emotional distress such as loss of trust in care.
- A decreased quality of life, as individuals may feel neglected or unsafe.

For individuals providing care, involvement in harm or inadequate physical care can cause psychological stress. Care professionals may experience feelings of guilt, anxiety or being responsible for an injury, especially if it was preventable.

They may also suffer from physical strain or injuries themselves, such as back pain or musculoskeletal damage due to poorly supported handling techniques, which can reduce work capacity.

For both service users and care professionals, inadequate physical care can damage trust, making it more difficult to establish effective care plans. It may also lead to legal and financial issues for providers facing claims of neglect or mistreatment that can result in fines, lawsuits, or reputational damage.

In summary, poor physical care or handling can have severe physical, emotional and financial impacts on service users and care providers. This underscores the importance of safe practice and thorough assessments in care settings.

## Poor mental health

For individuals receiving care, poor mental health – such as depression, anxiety or emotional distress, a reduced quality of life, and difficulties with daily activities. This can lead to individuals to feel isolated, helpless or frustrated, which can result in non-compliance and a decline in physical health. Additionally, cognitive impairments may affect their ability to make decisions, or engage in rehabilitation, complicating their overall care.

For individuals providing care, poor mental health can lead to burnout, stress, and emotional exhaustion, especially when caregivers are managing challenging behaviours or complex needs from service users. Care professionals may struggle to maintain patience and empathy, which can lead to compassion fatigue, diminished job performance, or even physical health problems due to prolonged emotional strain. This overwhelming feeling can also result in cynicism, lower morale, and a decline in the quality of care provided.

For both service users and care providers, poor mental health can strain relationships, making it more difficult to meet the needs of those receiving care. It may lead to misunderstandings, conflict, or a lack of trust between service users and care providers, ultimately reducing the effectiveness of care and increasing the risk of further emotional or physical harm.

<sup>6</sup> <https://www.qcs.co.uk/manual-handling-considered-risk/>

**COPYRIGHT  
PROTECTED**



## Financial loss

For individuals receiving care, financial loss may result in deteriorating health, increased distress. Additionally, individuals may be forced to make difficult choices, such as prioritising needs (e.g. food or housing) to afford care, which negatively impacts their overall well-being.

For individuals providing care, financial loss can create heightened stress and anxiety, especially if unpaid or need to decrease their working hours to provide support, resulting in a loss of income. This can lead to financial strain, debt, or difficulty managing household expenses, affecting their health and job performance. In extreme cases, caregivers may be compelled to reduce their own care due to financial limitations.

For both service users and care providers, financial loss can result in limited access to essential resources, such as medical equipment, therapy sessions, or home care services, which may compromise the quality of care and recovery. It can also strain relationships, as caregivers may experience feelings of resentment or guilt over financial pressures, potentially leading to conflict and emotional stress.

## Poor standard of care

For individuals receiving care, a poor standard of care can lead to worsening health or the development of complications. This may result from inadequate treatment to their needs. Patients may also experience emotional distress, a loss of trust in staff, a sense of dignity, all of which can impact their overall quality of life and willingness to engage in care.

For individuals providing care, a poor standard of care can result in feelings of guilt, especially if caregivers feel responsible for not meeting expected standards. Caregivers may experience burnout or demotivation, particularly if they are overwhelmed by understaffing, inadequate resources. This can lead to decreased job performance, lower staff morale, and an increase in care delivery errors.

For both service users and care providers, a poor standard of care can result in medication errors, falls, or pressure ulcers. It can also lead to financial costs associated with treating complications, as well as legal action against the provider, including lawsuits or loss of accreditation. In summary, a poor standard of care has significant physical, emotional and financial consequences for both service users and care providers. It highlights the importance of adequate training, resources, and quality assurance in care settings.

### Case study:

James, a 78-year-old resident in a care home, has mobility issues and relies on staff for personal hygiene activities. Over the past week, James has not received help with personal hygiene. He has become withdrawn and has been missed twice due to poor handover between shifts. He has become withdrawn and has fallen in his room went unnoticed for several hours because staff were unaware that he was there by himself.

**Applied activity:** Read the case study above. In pairs or small groups, discuss the quality of care in James's care. Then create a quality improvement plan that includes:

- What went wrong, and why
- How it affected James physically and emotionally
- How it might affect the care staff involved
- Changes that could be made to prevent it from happening again (e.g. training, communication)
- How you would monitor improvements over time

**COPYRIGHT  
PROTECTED**



## 2.3: Health and safety management

Health and safety management in health and social care is essential for ensuring the safety of both service users and staff. This involves conducting **risk assessments** to identify potential hazards, implementing safety policies and procedures, and providing ongoing training for staff members. The use of personal protective equipment (PPE) and strong infection control practices is crucial in preventing harm. Providers must comply with relevant legislation and establish clear systems for reporting incidents and monitoring safety. Additionally, having emergency preparedness plans in place is vital. Overall, effective management encourages a safe environment for everyone involved.

### Risk assessment

In care settings, identifying **risks** and potential hazards is essential for ensuring safety. Hazards can be physical (e.g. unsafe equipment, slippery floors, or issues with manual handling), health-related (e.g. infections or incorrect medication), environmental (including poor lighting or inadequate fire safety), or psychosocial (e.g. stress or aggression).

To mitigate these risks, various control measures are implemented. These include specific situations, the use of personal protective equipment (PPE) to protect against safety protocols.

Additionally, maintaining a safe environment through proper sanitation and well-being for preventing hazards. The importance of risk assessments lies in their ability to evaluate the level of risk, and ensure that appropriate measures are taken to prevent help ensure that new risks are recognised and addressed, keeping care settings safe and focused on the well-being of both service users and staff.

### Ways to minimise risk

There are various ways in which health and safety risks can be minimised in care settings.

- Ensuring staff attend regular training and have adequate supervision.
- Keeping health and safety policies and procedures up to date.
- Ensuring policies and procedures are clearly communicated to all staff through signage and information displays.
- Ensuring personal protective equipment (PPE) is readily available.
- Regular maintenance and cleaning of areas further reduces risks and protects both individuals and the environment.

Overall, a strong commitment to these health and safety practices helps create a safer, more secure environment for everyone involved.

#### Case study

A staff member at a community centre noticed that the flooring in the hallway was being cleaned. One service user, Mr Patel, who uses a walking frame, nearly slipped in the dining area.

**Applied activity:** Read the case study above.  
What would you do to minimise risk?

INSPECTION COPY

COPYRIGHT  
PROTECTED

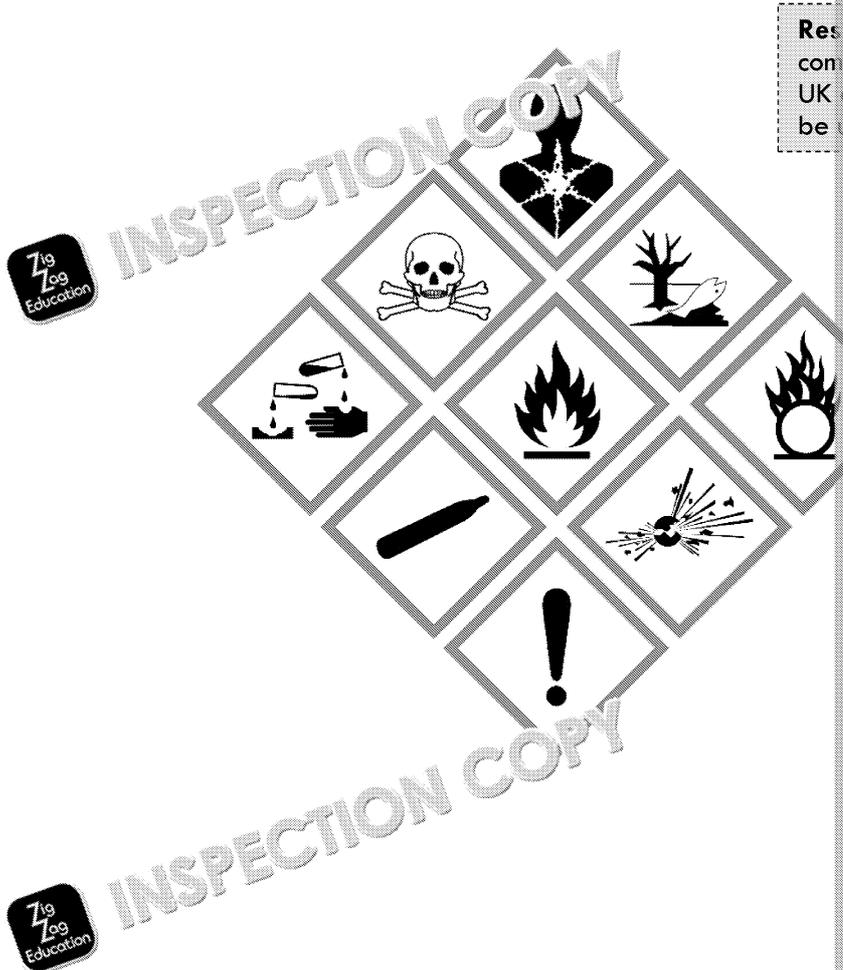


## How the ways listed help minimise risk

There are various ways to help minimise risk, such as:

- The implementation of clear health and safety policies and procedures provide staff to adhere to.
- Ensuring that all individuals are aware of the appropriate actions to undertake. This clarity mitigates uncertainty and reduces the likelihood of errors by staff assisting in the prevention of accidents, injuries, and health hazards.
- Keeping up-to-date policies addressing manual handling, infection control, and offering explicit guidance on risk management.
- Maintaining up-to-date health and safety procedures is essential to ensure compliance with relevant laws, regulations, and best practices within the industry.
- Providing training and supervision such as for the safe use of equipment, substances, and recognition of early warning signs of issues such as patient falls.
- Ensuring clear display of health and safety signage and information which sets regulations and emphasise potential hazards within the environment.
- Promptly addressing potential hazards by taking immediate action in response is imperative for the prevention of accidents and injuries.

Updates in legislation or the introduction of new research findings may signify new strategies for managing existing risks. For instance, revising infection control protocols for diseases, such as during the coronavirus pandemic, guarantees that the most recent are implemented to mitigate the risk of infection transmission.



Rese  
com  
UK c  
be u

INSPECTION COPY

COPYRIGHT  
PROTECTED



## 2.4: Health and safety incidents in health and social care settings

Managing **hazards** and ensuring health and safety in care settings are essential for protecting the well-being of both service users and staff. Care environments often present risks such as slips, trips, manual handling injuries, and exposure to infectious diseases.

Effective hazard management involves identifying potential risks, implementing controls, and complying with legal requirements, such as the Health and Safety at Work Act 1974. This not only prevents harm but also creates a safe, supportive and efficient care environment.

### Types of accidents

Accidents in health and social care settings can vary widely, ranging from physical falls, to more complex issues like manual handling accidents, medication errors, and infections. Burns and scalds are often caused by mishandling hot liquids. To minimise these accidents and ensure the safety of both service users and staff, effective training, and strict adherence to safety protocols are essential.

#### Accidents

There is a variety of potential accidents that may occur in a health and social care setting, including the following:

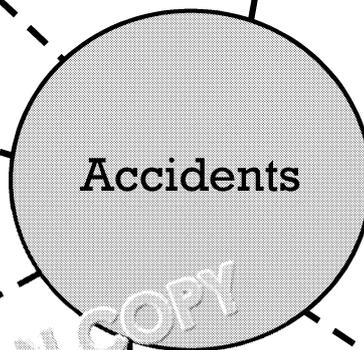
**Slips, trips and falls:** These are the most frequent accidents in health and social care settings, often caused by wet floors, uneven surfaces, or obstructed walking paths. They can result in fractures, bruises, or serious injuries.

**Manual handling accidents:** Injuries occur while lifting, moving or supporting patients or equipment. Poor lifting techniques, insufficient staff, or lack of proper equipment can lead to back strains, muscle injuries, or even long-term disability.

**Psychological accidents:** These include incidents like stress, burnout, or emotional harm caused by aggressive behaviour or poor work conditions. These types of accidents can affect staff well-being, and the quality of care provided.

**Burns and scalds:** These accidents typically occur when handling hot liquids or equipment, and they can lead to severe injury or scarring.

**Infections:** Accidental exposure to infectious agents, such as viruses or bacteria, especially in healthcare settings, can lead to the spread of diseases.

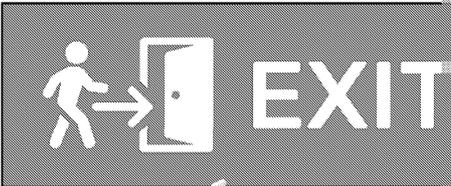


**COPYRIGHT  
PROTECTED**



## Emergencies

Emergencies in health and social care require clear and up-to-date procedures, with responses to minimise risks and ensure the safety of individuals involved. Some emergencies that may come across include but are not limited to:

<p><b>Fire</b></p>	<p>Fire emergencies in care settings require immediate action to protect staff. Fires can spread quickly, especially in environments with vulnerable elderly or those with mobility issues, making personal evacuation during a fire emergency a challenge. Sounding alarms, evacuating individuals to safe points, and ensuring that everyone is accounted for.</p> <p>Staff should be trained in fire safety procedures, including the importance of knowing evacuation routes.</p> <ul style="list-style-type: none"> <li>• Fire drills should be conducted regularly to ensure preparedness.</li> <li>• Fire safety equipment such as smoke detectors, fire extinguishers, and fire alarms must be inspected regularly to ensure they are functioning correctly.</li> </ul> <p>Effective fire safety management helps reduce the potential for injury and creates a safe environment for all.</p> <div style="text-align: center;">  </div>
<p><b>Flood</b></p>	<p>Flood emergencies in care settings require immediate action to prevent damage. Flooding can disrupt care services, cause damage to equipment, and pose health risks, such as contamination from waterborne diseases.</p> <p>Key actions during a flood emergency include:</p> <ul style="list-style-type: none"> <li>• Evacuating vulnerable individuals and staff to safer areas.</li> <li>• Securing essential equipment and supplies.</li> <li>• Ensuring staff and service users are kept informed of evacuation routes.</li> <li>• Emergency plans should include designated evacuation routes and communication arrangements.</li> </ul> <p>Preventative measures, such as where possible ensuring proper drainage, can help reduce the risk. Regular flood drills and staff training ensure staff can respond swiftly and safely during a flood emergency, minimising health risks and maintaining continuity of care.</p>
<p><b>Chemical or gas leak</b></p>	<p>A chemical or gas leak in a care setting is a serious emergency that poses significant risks to both staff and service users. In the event of a leak, immediate action should be taken to evacuate individuals from the affected area and prevent exposure to the substance. Staff should follow established safety procedures, such as shutting off gas supplies, isolating the leak, and ensuring proper ventilation to disperse harmful gases.</p> <p>Personal protective equipment (PPE), such as masks or respirators, should be worn by staff to protect against inhalation hazards. Emergency services should be contacted for professional assistance, and the affected area should be cordoned off to prevent further exposure. Regular safety checks, staff training, and clear emergency procedures are essential for an effective response to minimise health risks and protect individuals.</p>

**COPYRIGHT  
PROTECTED**



**Applied activity:** In small groups, choose **one** type of emergency (fire, flood, or earthquake) and you are part of a care home's safety team. Create a step-by-step emergency response plan.

- Immediate actions to take
- How to protect vulnerable service users
- Staff roles and responsibilities
- Equipment or resources needed
- How to ensure everyone is accounted for

Present your plan to the class as if you were delivering a staff training session.

## Outbreak of infectious diseases

An outbreak of infectious diseases in health and social care settings is a critical situation that requires immediate action to prevent the spread of illness. Common infections such as flu, coronavirus and norovirus can spread rapidly among vulnerable individuals, such as the elderly or those with compromised immune systems.

**Research activity:** Research types of infectious diseases associated with health and social care settings.

During an outbreak, strict infection control measures must be implemented, including isolation of individuals, increased cleaning protocols, and the use of personal protective equipment. Staff training on infection prevention, including hand hygiene and proper waste disposal, is also essential.

Regular monitoring and reporting of symptoms helps identify outbreaks early, and collaboration with health authorities ensures appropriate response. An outbreak response plan should be developed, and programmes and regular health checks can help reduce the risk of future outbreaks.

### Case study:

In a GP surgery, a patient with flu symptoms is found to have a high fever and is admitted to hospital. The waiting room is full of other patients, including elderly individuals.



**Applied activity:** Outline what response would be needed in the case of an outbreak of infectious diseases in a GP surgery.

## Missing person

A missing person in health and social care settings is a serious situation that requires immediate action to ensure the safety and well-being of the individual. Vulnerable individuals, such as those with dementia, mental health conditions or learning disabilities, may be at higher risk of **absconding**.

The first step is to alert staff members and search the premises to locate the individual. Within a brief period, it is essential to contact authorities, such as the police, to assist in the search. Communication with family members and clear documentation of the person's routine whereabouts can aid in the search. Prevention strategies, including monitoring systems and environmental safety measures, help reduce the risk of a person going missing. Regular training and drills ensure staff are prepared to act effectively.



**Research activity:** Research how technology is used in UK health and social care settings to prevent and respond to missing person incidents.

**COPYRIGHT  
PROTECTED**



## Responses

### Reporting of accidents

Reporting accidents in health and social care is essential for maintaining safety, and promoting continuous improvement within care environments. When an accident occurs, it should be reported immediately to the relevant personnel, such as a supervisor or health and safety officer, and the details of the incident should be documented in an accident report.

Accurate reporting is vital as it helps identify the cause of the accident, allowing for preventive measures to avoid similar incidents in the future. In certain cases, accidents may need to be reported to external organisations, such as the Health and Safety Executive (HSE), depending on the nature and severity of the incident. Accident reports and logs should be filled out with detail of what happened, who was involved, and any actions that were taken. Regular reviews of accident reports can help to improve health and safety policies, ensuring that the care environment remains safe for service users.

### Evacuation procedures

Evacuation procedures in health and social care settings are essential for the safe removal of individuals during emergencies, such as fires, gas leaks, or natural disasters. These procedures should be clearly detailed in an emergency plan, which includes designated location of fire exits, assembly meeting points, and specific roles for staff members such as designated first-aiders or fire wardens.

It is vital that staff are trained to assist vulnerable individuals, such as the elderly or those with mobility challenges, ensuring they can evacuate quickly and safely. Regular evacuation drills should be conducted to familiarise both staff and service users with the evacuation process. Additionally, clear signage and alarm systems should be in place to alert individuals to evacuate. During an evacuation, effective communication with emergency services is essential to ensure that all individuals are accounted for at the assembly point. Well-planned evacuation procedures can help to minimise the risk of injury and guarantee a swift and safe evacuation.

### Allocation of staff responsibilities during incidents

The allocation of staff responsibilities during incidents in health and social care is crucial for a swift and coordinated response to emergencies. Each staff member should have a clear role defined in the emergency plan to ensure that all aspects of the incident are managed properly. For instance, some staff may be responsible for evacuating individuals, while others may focus on administering first aid, alerting emergency services, or communicating with families.

Supervisory staff or managers should oversee the situation, make critical decisions, and ensure that safety protocols are followed. In the event of a larger-scale emergency, specific roles might include security personnel who manage access to the facility and staff leaders who handle logistics and ensure that all staff members are accounted for. Clear delegation of duties ensures that no tasks are overlooked, helping to maintain order, safety, and a quick response during an incident. Regular training and role-play drills can familiarise staff with their responsibilities, improving efficiency during actual emergencies.



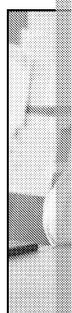
**COPYRIGHT  
PROTECTED**



## Follow-up review of critical incidents and emergencies

A follow-up review of critical incidents and emergencies in health and social care focuses on the effectiveness of the response and improving future preparedness. After an incident has occurred, a review is conducted to analyse the causes, response times, actions taken, and any outcomes.

This review helps identify areas for improvement, such as gaps in procedures, insufficient staff training, or inadequate resources. The review also provides an opportunity to update emergency plans, refine risk assessments, and ensure that staff are better equipped to handle similar situations in the future. It is important to gather feedback from staff and service users who were involved in or affected by the incident to understand the causes and enhance care standards.



## Reporting to relevant authorities

Reporting incidents to relevant authorities in health and social care is crucial for ensuring compliance with legal and safety standards, as well as for safeguarding individuals' well-being. When an incident occurs – such as a serious accident, an outbreak of infection, or an allegation of abuse – it is essential to notify the appropriate authorities, including the Health and Safety Executive (HSE), the Care Quality Commission (CQC), or local safeguarding boards.

**Case study:**  
Maria is a resident with a mental health condition. She has a history of self-harm and has been prescribed medication. Mr Thomas, a care worker, notices Maria has been unwell and has been taking medication incorrectly. He reports this to the appropriate authorities.

**Applied activity:**  
Form based on the case study above.

Timely and accurate reporting ensures that the incident is thoroughly investigated, corrective actions are implemented, and measures are established to prevent similar occurrences in the future. Incidents can be reported to local authorities or emergency services, depending on their nature. Records of all reports and communication with authorities to promote transparency in risk management. Reporting not only meets legal requirements but also contributes to a culture of safety and continuous improvement in the sector.



**Applied activity:** Choose one hazard (e.g. fire, infection, violent patient). For each setting, consider how the same hazard might require different responses depending on the individuals involved.

	GP surgery	Hospital ward
What would be an appropriate response?		
Who would be involved?		
What setting-specific considerations may be needed?		

**COPYRIGHT PROTECTED**



## Chapter 2: Questions (2.1–2.4)

### Checking my understanding:

1. Identify **two** types of potential hazards that can be found in health and social care settings.
2. Identify who may be affected by such hazards in health and social care settings.
3. Give **three** examples of ways to minimise risk.
4. List **five** examples of potential accidents that may occur in health and social care settings.
5. Identify **two** authorities that health and safety concerns may be reported to.

### Developing my understanding:

**Scenario:** During lunchtime in a busy dental practice, a staff member notices that the fire exit is blocked by stacked boxes of supplies. The practice is still open to patients, and the boxes are left there temporarily. The staff member is unsure whether to report the issue or move the boxes.

6. Describe further examples of hazards that can be found in a dental practice.
7. Explain what the potential impact on patients and staff could be if the fire exit is blocked, as in the scenario, and this was not identified and an emergency occurred.
8. Explain actions which can be taken to reduce hazards identified in question 7.
9. Outline the importance of carrying out a follow-up review after discovering a blocked fire exit.
10. Describe different types of accidents that could occur in a dental practice.

INSPECTION COPY

**COPYRIGHT  
PROTECTED**



# Chapter 3: Legislation in health and social care settings

**Legislation** in health and social care provides a structured framework to ensure that individuals receive safe, ethical and equitable services. Laws and regulations such as the Health and Social Care Act, the Equality Act and the Data Protection Act set standards for quality, safety and individuals' rights within care settings.

These legal frameworks protect individuals by ensuring that care is delivered fairly, privately and respectfully, and environments are free from abuse and discrimination. For health and social care providers, compliance with legislation encourages accountability, promotes best practice, and builds public trust, ultimately leading to higher quality and more reliable care for all.

## 3.1: The role of legislation

Legislation and **policies** are essential when it comes to delivering quality care within health and social care settings. It is important to have legislation in place to maintain standards for quality care, safety, and ethical care for all.

Policies  
principles  
providers  
staff

Laws such as the Health and Care Act (2022), the Care Act (2014), the Equality Act (2010) and the Data Protection Act (2018) are integral in creating a secure and safe care environment for all. These legislations protect patients' rights and safety, promote equality and prevent discrimination, and safeguard data. Having policies in place helps to promote accountability and ethical conduct within the sector.

The guidelines that are in place within health and social care provide support where resources are limited and the delivery of services. They also aim to help uphold the fair and equitable care. Ensuring all health and social care professionals have a solid understanding of the laws and policies is integral to providing high-quality, safe and effective care services to individuals.

The primary purpose of legislation within health and social care is:

- **It supports individuals' rights:** This ensures that patients and carers are treated with dignity and respect. Acts such as the Equality Act (2010) and the Human Rights Act (1998) make sure that individuals have their rights protected in health and social care settings. It also allows patients the right to make decisions about their care.
- **It provides guidance for service providers and users:** Legislation outlines the standards that service providers, such as ensuring staff are properly trained, following safeguarding procedures, and maintaining health and safety standards. It also supports service users by informing them of their rights, helping them understand what quality care looks like, and giving them clear procedures to raise concerns or make a complaint.
- **It is a framework to deliver and maintain good practice:** Legislation sets clear standards that professionals should behave and perform in health and social care settings. It covers areas like professional conduct, ensuring staff act ethically and treat individuals with dignity, care planning, ensuring that individual needs are assessed and met through care. Additionally, legislation ensures accurate and secure record-keeping, so that information is shared and used to support safe and consistent care.
- **It sets standards of practice for service providers:** Legislation and regulations set standards that all care providers must follow to ensure quality and safety. For example, the Care Quality Commission (CQC) sets standards around safe, effective and person-centred care. These standards require specific staff-to-patient ratios to ensure adequate supervision and support, mandatory training requirements for staff in areas such as safeguarding, infection control, and first aid, helping to maintain high levels of competence and safety in care settings.

INSPECTION COPY

**COPYRIGHT  
PROTECTED**



In conclusion, legislation in health and social care plays a vital role in setting clear boundaries and standards for those involved. It protects individuals by upholding their rights and ensuring they receive the best care possible. It guides care practitioners by outlining their duty of care, responsibilities, and professional standards. It ensures that service providers remain accountable through compliance, regular inspection and reporting. Together, these laws create a framework that promotes quality, safety and consistency in care.

## 3.2: The Equality Act (2010)

The Equality Act (2010) is a piece of legislation that consolidates and strengthens existing anti-discrimination laws. It protects individuals from discrimination in areas such as employment, education, housing, and access to services. The Act requires reasonable adjustments to be made for people with disabilities to ensure they have equal opportunities. The Act makes both direct and indirect discrimination illegal, as well as harassment. Its aim is to support a fairer and more equal society by preventing discrimination and promoting equality.

**Did you know?** Over a third of British adults (36%) report having experienced some form of discrimination in the workplace or when job hunting.<sup>7</sup>  
[zed.uk/12974-discrimination](https://www.theguardian.com/uk-news/2017/sep/14/zed-uk/12974-discrimination)



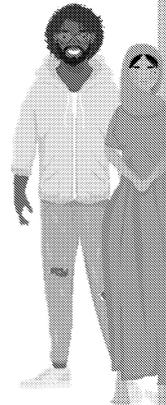
Equal  
of ev  
treat

### Key aspects

#### The protected characteristics

The Equality Act (2010) is a vital piece of legislation that protects individuals from discrimination in various areas, including health and social care. It defines nine protected characteristics:

1. Age
2. Disability
3. Gender reassignment
4. Race
5. Religion or belief
6. Sex
7. Sexual orientation
8. Marriage and civil partnership
9. Pregnancy and maternity



#### Reasonable adjustments

The Act requires reasonable adjustments to be made for people with disabilities to services and opportunities. This may involve changing policies, practices, or physical barriers. This Act has significant impacts on care settings, practitioners, and service users.

- **Impact on care settings:** Care settings are legally required to ensure they are accessible to all, including making sure they are accessible by installing ramps, clear paths, and communication support (e.g. interpreters, hearing loops, easy-read materials) that avoids indirect discrimination.
- **Impact on practitioners:** Service providers must uphold the principles of the Act with regard to making reasonable adjustments to meet individuals' needs.
- **Impact on service users:** Service users are entitled to receive care that is free from discrimination, which leads to better access and health outcomes.

**COPYRIGHT  
PROTECTED**



<sup>7</sup> <https://www.theguardian.com/uk-news/2017/sep/14/zed-uk/12974-discrimination>

## Makes direct and indirect discrimination illegal

Both **direct** and **indirect discrimination** are illegal under the Act. The terms are defined as follows:

**Direct discrimination:** when you are treated worse than another person or group because of a protected characteristic.



**Indirect discrimination:** that indirectly disadvantages a group of people who share a protected characteristic.

Care setting policies must ensure equal access to services and to fair, unbiased treatment. Policies that result in direct and indirect discrimination. For instance, requiring all residents in a care home to wear a uniform, without considering cultural or religious practices may unintentionally exclude or disadvantage some residents.

To promote diverse and equitable care, both care settings and practitioners must ensure that services are accessible to all service users based on personal preferences or unconscious biases. Services must accommodate the diverse needs of all individuals, ensuring that no one is denied any of the protected characteristics under the Equality Act – such as age, disability, race, religion or ethnicity, sex, sexual orientation.

## Makes harassment and victimisation illegal

Finally, the Act prohibits harassment and victimisation.

**Harassment** involves unwanted behaviour related to a protected characteristic that creates an intimidating, hostile or degrading environment and violates someone's dignity. To create a safe and respectful environment for service users, care settings must create environments free from bullying and offensive remarks, and practitioners must avoid jokes, gestures or comments that could offend service users.

**Harassment:** unwanted behaviour related to a protected characteristic that creates an intimidating, hostile or degrading environment and violates someone's dignity.

**Victimisation:** occurs when someone is treated less favourably because they have made a complaint or are supporting someone else in doing so.

**Victimisation** happens when someone is treated unfairly because they have made a complaint or are supporting someone else in doing so. Care settings and practitioners should create environments where people feel safe to speak up and support whistle-blowers to come forward. Care settings should not retaliate against service users or other staff members making complaints.

### Case study:

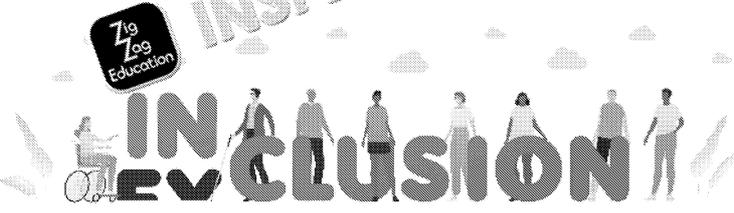
Andy, a care assistant, notices that one of his colleagues, Julia, consistently avoids helping residents who speak limited English. She makes comments such as 'they should learn the language if they want help', and only interacts with residents who speak English fluently.



**Applied activity:** Use the case study, left, to explore safeguarding concerns and appropriate responses.

Overall, the Equality Act (2010) promotes equality and fairness across all aspects of care. It requires organisations to make reasonable adjustments, such as for people with physical disabilities, to ensure access and inclusion. By making direct and indirect discrimination, as well as harassment and victimisation, illegal, the Act encourages respect, dignity, and equal opportunities for everyone in health and social care.

**COPYRIGHT PROTECTED**



**Research:** Explore the impact of technology on social care. How can technology be used to monitor and improve equality and accessibility?



## 3.3: The Health and Care Act

The Health and Care Act (2022) is a UK law aimed at enhancing the delivery of health and social care services. It focuses on integration, accountability and efficiency. Its primary goal is to provide better care for patients across the NHS, local authorities, and other providers by effectively integrating health and social care services.

The Act introduces reforms to local NHS structures, including the establishment of Integrated Care Systems (ICSs) which are designed to improve collaborative working and service delivery.

It also strengthens accountability among NHS bodies and grants the government the authority to intervene in cases of failing services. Furthermore, the Act emphasises improving patient outcomes, ensuring the accessibility and quality of care, and increasing transparency in service delivery. It includes measures to support the workforce, address health disparities, and promote the sustainability of the health and care sectors.

### Key aspects

The Health and Care Act (2022) brings about several important reforms aimed at improving the effectiveness of health and social care services throughout the UK.

### Integrated care systems

A major aspect of this Act is the creation of integrated care systems (ICSs), which bring together health services, social care, and local authorities in collaborative efforts. There are two types of ICSs:

#### Integrated Care Partnership (ICP)

A statutory committee which is responsible for improving the quality of care, health and well-being of the population in a local area.

This committee is made up of:

- Representatives from NHS organisations
- Local authorities such as social care and public health representatives
- Social care, voluntary and community organisations

Together, they collaborate to create a health and care strategy aimed at improving outcomes in areas such as education, emergency services and job opportunities.

#### Integrated Care System (ICS)

An NHS organisation that covers most NHS services in a local area, including hospitals to improve the health and well-being of the local population. It manages the NHS budget and aims to improve care.

Statutory groups that are required to carry out specific functions or tasks.

**Did you know?** ICSs coordinate health and social care to:

- Bring together services to ensure that users get timely care.
- Use resources efficiently, reducing duplication and delays.
- Improve patient outcomes and quality of healthcare services, e.g. reducing waiting times.
- Tackle health inequalities by supporting individuals from disadvantaged backgrounds.
- Support complex needs (e.g. mental health conditions, chronic illness or disability) through person-centred care.

INSPECTION COPY

COPYRIGHT  
PROTECTED



## Restrictions on advertising less healthy food and drink

Public health concerns are also a focus of the Health and Care Act (2022), as it places restrictions on the advertising of unhealthy food and drinks, specifically targeting high fat, sugar and salt products. It also introduces restrictions on the placement of high fat, sugar and salt products at key parts of shops, such as the checkout or ends of aisles, to reduce visibility. This initiative aims to tackle obesity and improve public health, particularly among children. Public health campaigns in schools and community centres also support these restrictions and promote healthier choices, reducing long-term health risks for society.

## Shared care records and data sharing

The Act also promotes the use of shared digital care records among health and social care professionals for all professionals involved in a person's care to have access to the patient's medical history, promoting continuity and coordination of care. For example, a social worker can access a patient's medical records before conducting a care assessment, leading to more informed decisions.

Furthermore, the Act facilitates secure and lawful data sharing between organisations to improve care delivery. Care homes and GP surgeries can now lawfully share data between organisations to improve care delivery.

## Social care needs assessment post-discharge

The Act allows for social care needs assessments to be performed following a patient's discharge, rather than opposed to them having to be completed beforehand. This means hospitals can discharge patients more quickly, freeing up beds – a huge issue in the NHS. Social care teams can then assess an individual's needs, which often leads to more person-centred care planning.

## Criminal offence: virginity testing

The Health and Care Act (2022) makes **virginity testing** a criminal offence, rendering it illegal in the UK. This measure is crucial in combating harm and exploitation, providing legal protection for individuals affected by this practice. It promotes dignity and respect, and reinforces safeguarding responsibilities of practitioners.

## Mandatory training on learning disability and autism

Mandates that all health, care and support service providers ensure their staff undergo mandatory training regarding learning disabilities and autism. This part of the Act aims to enhance understanding and support for individuals with such conditions, thereby improving the quality and inclusiveness of services and reducing the likelihood of discrimination or mistreatment.

In conclusion, the Health and Care Act (2022) supports a more integrated, accessible and person-centred health and social care system, enhancing service coordination, improving training, and implementing measures to address challenges and safeguard vulnerable populations.

**Applied activity:** For each key element of the Health and Care Act (2022) discuss its implications for different settings, practitioners and service users. Think of examples beyond the ones given.

The Health and Care Act (2022) introduces key reforms to improve health and social care services, guided by principles of fairness, inclusion, and equality. As outlined in the Equality Act (2010), the Act encourages collaboration between organisations to ensure that all individuals, regardless of their background or needs, receive consistent and coordinated care. Improving shared care records and data sharing promotes equal access to information, ensuring that care is tailored and responsive to each person's specific health or social care needs. Additionally, the Act supports public health, particularly through restrictions on advertising less healthy food and drink, which helps address health inequalities. Furthermore, it introduces a new offence related to virginity testing, protecting individuals from discrimination and abuse. Finally, by requiring mandatory training on learning disabilities and autism for health and care staff, the Act promotes inclusive, person-centred care and aligns with the goal of eliminating discrimination and advancing equality for people with protected characteristics.

**COPYRIGHT  
PROTECTED**



## 3.4: The Children Act (2004)

The Children Act (2004) is a significant piece of legislation in the UK aimed at enhancing the welfare and protection of children. It focuses on a child-centred approach, emphasising that the needs and rights of children should take precedence. One of the key contributions of the Act is the establishment of the **Children's Commission**.

The Children Act (2004) introduced a new framework known as *Every Child Matters*, which ensures that all children can grow up in a safe, healthy and supportive environment. A crucial aspect of the Act is the requirement for **partnership working**, meaning that various organisations, including health services, schools, and social services must collaborate to safeguard and promote children's well-being. The legislation also stresses the importance of early intervention to address issues before they worsen and ensures that children have a voice in decisions that affect their lives. Overall, the Children Act 2004 aims to enhance outcomes for children by prioritising their safety, well-being,

This focus on promoting welfare and safeguarding aligns closely with the Equality Act 2010, which aims to protect children and young people from discrimination based on the nine protected characteristics. The Act requires organisations to work to ensure that all children have equal access to services, are treated with respect, and are not discriminated against or protected from unfair treatment or exclusion in health, education, and social care.

### Key aspects

#### Protect from harm and paramountcy principle

The Children Act (2004) was designed to enhance the protection of children and improve their overall well-being in the UK. A primary objective of the Act is to safeguard children at risk of harm by providing appropriate support and intervention when necessary. It establishes the **paramountcy principle**, which asserts that the best interests of the child must be the primary consideration in any decisions regarding their welfare, whether in legal, social care, or educational contexts.

#### Right to be consulted and right to an advocate

Additionally, the Act grants children the right to be consulted on matters that impact their lives, ensuring their voices are heard, particularly in decisions concerning their care, education and welfare. It further asserts the right to an **advocate**, enabling children to have someone represent their views and interests, especially when they may struggle to communicate their views in legal proceedings or care planning.

#### Encourage partnership working

To promote a collaborative approach to child welfare, the Act encourages partnership working among various organisations, including social services, healthcare providers, schools, and law enforcement. These organisations are required to work together to ensure a coordinated and effective response to safeguarding children and supporting their development.



Children's  
their role  
interests of

Pro  
child  
in c

Ad  
spe  
ser

R  
ke  
A

INSPECTION COPY

COPYRIGHT  
PROTECTED



## Creation of the Children's Commissioner

A significant aspect of the Act is the establishment of the Children's Commissioner dedicated to representing and promoting the rights and interests of children. The Commissioner can investigate issues related to children's welfare and advocate for the consideration of policy and legislative decisions.

Overall, the Children Act (2004) provides a comprehensive framework for safeguarding children's rights, and encouraging an integrated approach to addressing the varied needs of children.

## The impact of legislation

- Care settings:** The Act requires care settings to adopt a child-centred approach, ensuring environments are safe, supportive and promote the well-being of children. It supports collaboration between different services – such as health, education, and social care, encouraging partnership working to meet children's diverse needs effectively.
- Care practitioners:** Practitioners must work collaboratively across agencies, share relevant information, and participate in early intervention strategies. They are responsible for safeguarding children, promoting their welfare, and ensuring children's voices are heard in decisions affecting them. It is the responsibility of practitioners to follow safeguarding procedures.
- Service users:** Children and families benefit from coordinated support that addresses all aspects of a child's life, improving outcomes related to health, education, and social development. The Act ensures that children's rights are upheld, including their right to be safe, to have their views heard, and to receive timely help when needed.



INSPECTION COPY



INSPECTION COPY

**COPYRIGHT  
PROTECTED**



## 3.5: Data Protection Act 2018

The Data Protection Act 2018 governs the use of personal data in the UK, ensuring handling by organisations. It enforces data protection principles, requiring that data is processed fairly, transparently, and for legitimate purposes. The Act incorporates the **GDPR**, strengthening individuals' rights to access, correct, and delete their data. It also mandates clear consent for data collection, data security, and accountability for organisations. The Act applies across all sectors, including health and social care, to protect sensitive personal information and prevent data breaches.

### Key aspects

The Data Protection Act 2018 establishes seven key principles for handling personal data:

Principle	Explanation	Impacts
1. <b>Lawfulness, fairness and transparency</b>	Data must be processed legally, fairly, and openly. Individuals should know how their data is being used.	<ul style="list-style-type: none"> <li>• <b>Care settings:</b> Requires clear privacy policies in care homes.</li> <li>• <b>Practitioners:</b> Must inform service users when their data is being used.</li> <li>• <b>Service users:</b> Builds trust and ensures they know their data is used.</li> </ul>
2. <b>Purpose limitation</b>	Data should only be collected for specific, legitimate reasons and not used for unrelated purposes.	<ul style="list-style-type: none"> <li>• <b>Care settings:</b> Must collect and use data for legitimate reasons.</li> <li>• <b>Care practitioners:</b> Must handle data responsibly for the purpose of providing appropriate care.</li> <li>• <b>Service users:</b> Service users must know their personal information is protected.</li> </ul>
3. <b>Data minimisation</b>	Only necessary data should be collected and processed.	<ul style="list-style-type: none"> <li>• <b>Care settings:</b> Should collect only the data needed to deliver safe and effective care, reducing data exposure.</li> <li>• <b>Care practitioners:</b> Must limit data collection to what is strictly necessary for care.</li> <li>• <b>Service users:</b> Know that only necessary data is collected, protecting their privacy and preventing data misuse.</li> </ul>
4. <b>Accuracy</b>	Personal data must be up to date and correct (or corrected if found inaccurate).	<ul style="list-style-type: none"> <li>• <b>Care settings:</b> Must ensure all personal data is up to date to provide safe and effective care.</li> <li>• <b>Care practitioners:</b> Are responsible for identifying and correcting any inaccurate information.</li> <li>• <b>Service users:</b> Rely on their information to receive appropriate treatment and care that meets their current needs.</li> </ul>
5. <b>Storage limitation</b>	Personal data should not be kept for longer than is necessary and should be securely deleted when no longer needed.	<ul style="list-style-type: none"> <li>• <b>Care settings:</b> Must securely dispose of data no longer needed to protect privacy.</li> <li>• <b>Care practitioners:</b> Should only retain data necessary to fulfil care purposes and securely dispose of it afterwards.</li> <li>• <b>Service users:</b> Are assured that their data is not kept indefinitely, reducing risks of data breaches.</li> </ul>

INSPECTION COPY

**COPYRIGHT  
PROTECTED**



Principle	Explanation	Impacts on...
6. Integrity and confidentiality	Data must be secure and protected from breaches, unauthorised access, loss or damage.	<ul style="list-style-type: none"> <li><b>Care settings:</b> Must implement strong security measures to protect personal data from breaches, loss, unauthorised access.</li> <li><b>Care practitioners:</b> Have a duty to keep patient data confidential and ensure it is only accessible to those in care.</li> <li><b>Service users:</b> Trust that their personal information is safe and private, which helps maintain confidence in care.</li> </ul>
7. Accountability	Organisations must demonstrate compliance with data protection laws.	<ul style="list-style-type: none"> <li><b>Care settings:</b> Must show they comply with laws through policies, training, and regular audits.</li> <li><b>Care practitioners:</b> Are accountable for following data protection rules and handling personal information correctly.</li> <li><b>Service users:</b> Can have confidence that organisations are legally responsible for protecting their personal data and can be held accountable if they fail to do so.</li> </ul>



Overall, the Data Protection Act 2018 (GDPR) requires health and social care providers to handle data with care by following these seven key principles. Failing to follow these principles, such as recording data or breaching data, can also lead to discrimination, which is protected against by the Equality Act 2010.

**Case study:**

Cindy is a support worker working in a residential home. During her shift, she comes across different types of information about the residents.



**Applied activity:** Based on the case study, identify what personal information might Cindy have access to as a support worker, and what are the possible consequences of that information not being kept confidential?



**COPYRIGHT  
PROTECTED**



## 3.6: Health and Safety at Work Act

The Health and Safety at Work Act (1974) is UK legislation aimed at ensuring the health and safety of employees and others affected by work activities. It requires employers to provide training, conduct risk assessments, and implement measures to control risks. The Act also requires employees to be informed about workplace hazards and receive appropriate training.

Additionally, it established the Health and Safety Executive (HSE) to enforce safety regulations. Employers are required to consult with employees on health and safety matters and provide resources in place to prevent accidents. The primary goal of the Act is to reduce workplace accidents, illnesses and injuries, holding employers accountable for maintaining safety standards.

### Key aspects

**Procedure:** a step-by-step set of instructions that explains how to carry out a specific task correctly, such as a handwashing procedure.

**Policy:** a clear set of guidelines and actions to take within an organisation.



The Health and Safety at Work Act (1974) sets out responsibilities for both employers and employees. Employers are responsible for the health, safety and welfare of staff at work, whereas employees must take care of their own safety and that of others. The Act aims to prevent accidents, and promote health and safety. Specific responsibilities include:

Employer responsibilities	
<ul style="list-style-type: none"> <li>• They must ensure that the workplace is safe and free from risks that could cause harm.</li> <li>• Required to conduct risk assessments to identify potential hazards and then take appropriate steps to control or reduce risks, such as putting in place measures, e.g. safety barriers, ventilation systems, personal protective equipment (PPE).</li> <li>• Must provide adequate training and supervision to employees, ensuring they understand how to perform tasks safely and know what to do in case of an emergency.</li> <li>• Need to provide personal protective equipment (PPE) where necessary and ensure its proper use.</li> <li>• Ensure regular maintenance of equipment and machinery to limit its use leading to accidents.</li> <li>• Have a responsibility to create clear emergency <b>procedures</b> for situations such as fires, chemical spills, or accidents, and ensure all employees are trained in these procedures.</li> <li>• To consult employees on health and safety matters such as having staff meetings with employees to discuss concerns and improvements.</li> <li>• Ensure records are kept such as risk assessments, incidents, and any training provided.</li> <li>• Ensure policies and procedures are kept up to date.</li> <li>• Are accountable for ensuring that all health and safety regulations are met and that their employees are working in a safe and supportive environment.</li> </ul>	<ul style="list-style-type: none"> <li>• For</li> <li>• or</li> <li>• er</li> <li>• re</li> <li>• ec</li> <li>• M</li> <li>• w</li> <li>• er</li> <li>• ec</li> <li>• co</li> <li>• da</li> <li>• At</li> <li>• da</li> <li>• In</li> <li>• ha</li> <li>• m</li> <li>• sa</li> <li>• th</li> <li>• pr</li> <li>• M</li> <li>• pr</li> <li>• ca</li> <li>• su</li> <li>• fir</li> </ul>

To summarise, the Health and Safety at Work Act (1974) outlines key responsibilities in the workplace. It places responsibilities on employers and employees to ensure health and safety. Where these responsibilities are not met, such as failing to make reasonable adjustments for a disabled employee to ensure their health and safety, it can also breach the Equality Act (2010) from discrimination and requires equal access to a safe and supportive workplace.

**Research activity:** Research five typical procedures followed in health and social care settings.

INSPECTION COPY

**COPYRIGHT  
PROTECTED**



## 3.7: Manual Handling Operations Reg

The Manual Handling Operations Regulations (1992) were established to minimise handling tasks, such as lifting or carrying. Employers are required to assess potential risks, and provide training on safe manual handling techniques. Whenever possible, mechanical aids should be used to assist with lifting heavy objects. These regulations aim to prevent musculoskeletal injuries and strains, by promoting safer working practices. If these steps are not followed, it can lead to disabilities or existing health conditions, which can lead to unequal treatment or increased costs under the Equality Act 2010, which requires reasonable adjustments and equal protection for all.

### Key aspects

Employers should follow these four key steps:

#### 1. Avoid the need for manual handling

Under the Manual Handling Operations Regulations (1992), employers are required to assess and minimise the risks associated with manual handling tasks in the workplace. Where possible, avoid manual handling whenever possible. This can involve redesigning tasks, using mechanical aids, or automated processes that do not require employees to manually lift, carry, or move loads.

#### 2. Assess the risk from any manual handling that is unavoidable

If manual handling cannot be avoided, employers must assess the risks associated with the task by evaluating the weight, shape and size of the load, the environment in which the task is performed, and the posture or body movements needed to complete the task.

#### 3. Take action to reduce risk of injury

Once the risks have been assessed, employers are obligated to take action to reduce the risk as far as possible. This may include using mechanical aids such as trolleys, hoists or cranes to reduce the effort required from employees. Employers should also consider modifying the work environment – for instance, by ensuring the workplace is free of obstacles, well-lit, and designed to facilitate safe movement and lifting.

Additionally, tasks should be broken down into smaller, more manageable steps or involve more workers when necessary. Employers must also provide adequate information, training and supervision to ensure that employees understand the risks associated with manual handling and are equipped with the knowledge to perform tasks safely.

#### 4. Employers must provide training and supervision

Training should cover proper lifting techniques, how to assess the load, and how to recognise when a task might be unsafe. Supervision ensures that employees adhere to safe manual handling practices and that any unsafe behaviours are corrected immediately. By implementing these measures, the regulations aim to prevent injuries such as back pain, musculoskeletal disorders, strains and sprains that can result from improper manual handling.

**Did you know?** Manual handling is one of the most common causes of workplace injuries and is a leading cause of musculoskeletal injuries. For more information, visit [www.hse.gov.uk/ehandling/](https://www.hse.gov.uk/ehandling/) or [zzed.uk/](https://www.zzed.uk/)

**Research activity:** Research different types of manual handling equipment used in social care settings (e.g. hoists, slide sheets, transfer belts). For each piece of equipment, list:

- What it is used for
- How it reduces risk for staff and service users
- Any training required to use it safely

<sup>8</sup> <https://www.protrainings.uk/blog/care-home-statistics-from-the-hse/>

**Impact of legislation:**

<b>Care settings</b>	<ul style="list-style-type: none"> <li>Ensures better safety standards, such as using hoists or slides instead of manual lifting.</li> <li>Lower staff sickness and injury rates, reducing staff absence.</li> <li>Compliance with the law, avoiding legal consequences and negative outcomes (e.g. by the CQC).</li> </ul>
<b>Care practitioners</b>	<ul style="list-style-type: none"> <li>Reduced risk of injury from lifting and moving patients due to better equipment.</li> <li>Improved confidence and safety through having clear procedures.</li> <li>Lower risk of harm if they follow proper manual handling procedures.</li> </ul>
<b>Service users</b>	<ul style="list-style-type: none"> <li>Greater dignity and comfort when being moved, as staff use hoists and slides.</li> <li>Lower risk of harm or distress during moving and handling.</li> <li>Increased trust in the quality of care provided.</li> </ul>



## 3.8: Control of Substances Hazardous to Health (COSHH) (2002)

The Control of Substances Hazardous to Health (COSHH) Regulations (2002) are UK regulations aimed at protecting workers from the risks associated with hazardous substances in the workplace. Under these regulations, employers are required to assess the risks posed by substances that could harm employees' health, including chemicals, dust, fumes, vapours, and biological agents. Employers must take necessary measures to control exposure to these substances, ensuring that the risks are minimised. Failure to follow COSHH regulations can affect certain groups, such as pregnant workers or those with disabilities, at greater risk. This may breach the Equality Act 2010, which requires employers to make reasonable adjustments and protect individuals from indirect discrimination related to health and safety in the workplace.



### Key aspects

#### Preventing or reducing exposure to hazardous substances

Under the Control of Substances Hazardous to Health (COSHH) Regulations (2002), employers must take measures to prevent or reduce workers' exposure to hazardous substances. This can be achieved through effective control measures, such as ventilation systems, safe working practices, and the use of personal protective equipment (PPE).

Employers must assess the risks associated with each substance and take appropriate measures to control exposure, thereby ensuring the health and safety of their employees.

#### Safe storage, labelling and disposal of hazardous substances

The regulations also cover the safe storage, labelling and disposal of hazardous substances. Employers must ensure that these substances are stored securely to prevent accidents, and that containers are clearly labelled with hazard warnings and handling instructions. When hazardous substances are no longer needed, they must be disposed of in a manner that complies with environmental and health and safety regulations to protect workers or the surrounding environment.

**COPYRIGHT  
PROTECTED**



## Staff training in the safe use of hazardous substances

Staff members who work with hazardous substances must receive proper training understanding the risks associated with these substances, knowing the correct handling, using appropriate PPE, and being trained in emergency procedures, such as what to do in case of exposure. Regular training ensures that employees are always aware of best practice while working with hazardous materials.

## Maintaining an up-to-date COSHH file

Employers are also required to maintain an up-to-date COSHH file that lists all hazardous substances in the workplace. This file should contain detailed information about each substance (SDS), risk assessment, control measures, and any specific regulations that apply. It is a reference for employees and supervisors to ensure they understand the risks and the substances they handle.

<b>Care settings</b>	<ul style="list-style-type: none"> <li>Increased infection prevention and control, reducing the spread of disease.</li> <li>Compliance with legal standards, avoiding any legal repercussions.</li> <li>Organised and safe COSHH storage systems, contributing to a safer and more hygienic environment.</li> </ul>
<b>Care practitioners</b>	<ul style="list-style-type: none"> <li>Increased safety when using COSHH products such as cleaning agents and disinfectants, alongside other hazardous substances.</li> <li>Reduced risk of illness or injury from exposure to harmful chemicals.</li> <li>Better awareness and confidence by following training on how to handle hazardous substances safely.</li> </ul>
<b>Service users</b>	<ul style="list-style-type: none"> <li>Lower risk of accidental exposure to harmful COSHH substances.</li> <li>Promotes health and well-being, especially for vulnerable individuals with respiratory issues.</li> <li>Greater trust in the care setting, knowing proper safety measures are in place.</li> </ul>

### Case study

You are working in a care home. In the cleaning cupboard, you see the following items:

- Toilet cleaner
- Hand sanitiser
- Laundry detergent
- Personal medication
- Disinfectant spray



**Applied activity:** Using the case study provide answers to the following questions.

1. What are the potential risks in this situation?
2. What actions should be taken to ensure compliance with COSHH regulations?

**COPYRIGHT  
PROTECTED**



# 3.9: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) mandates employers, employees, and self-employed individuals to report specific and dangerous occurrences. The purpose of RIDDOR is to ensure workplace safety incidents are accurately recorded and investigated. This approach enables the implementation of prevention and response measures. Failure to report or properly record incidents such as those with disabilities at work, potentially breaching the Equality Act 2010, can expose employers to protection from harm.

## Key aspects

Some key aspects under this Act include:

### Keeping written records and reporting certain types to the HSE

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, employers have several key responsibilities to ensure workplace incidents are properly recorded and reported to relevant authorities. One of the primary requirements is that employers must keep records of certain types of incidents that occur in the workplace. This includes accidents that result in injuries, dangerous occurrences, and work-related diseases or illnesses. Employers must report these incidents to the Health and Safety Executive (HSE) or the relevant local authority within specific time limits, depending on the severity of the event.

**Did you know?** Employers must report incidents to the HSE. Visit <https://www.hse.gov.uk/riddor/> for more information.

### Keeping records in an accident book

One of the specific requirements is the maintenance of an accident book, which is used to record all workplace accidents. This is especially important for incidents that result in an employee's absence from work. If an employee is unable to work due to an injury caused by the incident, the employer must record the details in the accident book and report the incident to the HSE. Keeping accurate records helps to track workplace safety trends, identify areas for improvement, and provide necessary documentation for future investigations.

### Reporting to the UK Health Security Agency

Additionally, employers are required to report certain infectious diseases or illnesses to the UK Health Security Agency (UKHSA). This includes diseases that are diagnosed by a healthcare professional and are work-related. These illnesses might include conditions such as respiratory diseases, skin infections, or other contagious diseases that could have been contracted or aggravated by work activities. Reporting these diseases ensures that any potential health risks are addressed quickly and that measures are taken to prevent outbreaks or further exposure within the workplace.

These requirements are designed to provide a system for monitoring and improving workplace safety, enabling both employers and regulatory authorities to respond to incidents and take initiative-taking steps to prevent accidents and illnesses.

Care settings	<ul style="list-style-type: none"> <li>Promotes a culture of safety and accountability through management and staff training.</li> <li>Helps identify and fix risks, reducing future incidents and improving safety.</li> <li>Ensures compliance with health and safety laws, avoiding fines and penalties.</li> </ul>
Care practitioners	<ul style="list-style-type: none"> <li>Ensures that any injuries or work-related illnesses are treated and investigated, promoting safer working conditions.</li> <li>Encourages timely medical treatment and support following incidents.</li> <li>Provides legal protection by documenting workplace hazards and incidents.</li> </ul>
Service users	<ul style="list-style-type: none"> <li>Benefits from safer care environments as risks to staff and service users are reduced.</li> <li>Reduced risk of harm from accidents or infectious diseases.</li> <li>Increased confidence in the quality and safety of care provided.</li> </ul>

**COPYRIGHT PROTECTED**



<sup>9</sup> <https://www.hse.gov.uk/statistics/causinj/index.htm>

## Chapter 3: Questions (3.1–3.9)

### Checking my understanding:

1. Identify **two** pieces of legislation relevant to health and social care settings.
2. Describe **three** ways care settings can make reasonable adjustments to support individuals with disabilities.
3. Name **one** piece of legislation that protects workers from hazardous substances in the workplace, and briefly explain its purpose.
4. State **five** injuries or dangerous occurrences that may be reported under RIDDOR.
5. Describe ways to reduce risk when manual handling.

### Developing my understanding:

**Scenario:** A support worker at a supported living service notices that a service user, with moderate dementia, has unexplained bruises on both arms during a routine morning check. The service user appears confused and is unable to clearly explain how the bruises occurred. The bruises are noted in their care notes and no recent incidents have been reported by the other staff members. The support worker is unsure whether to report it or if it may be linked to manual handling.

6. Explain how legislation affects:
  - a) the service user with dementia,
  - b) the support worker, and
  - c) the care provider in this scenario.
7. Identify the **nine** protected characteristics from the Equality Act (2010).
8. Explain how care records are important in identifying and managing concerns, such as unexplained bruising in care settings.
9. Describe what responsibilities employers have under the Health and Safety at Work Act (1974) to ensure the safety of both service users and care practitioners.
10. Outline key points from the Manual Handling Operations Regulations (1992) that help prevent injuries to both service users and care workers when moving or assisting someone with dementia.

INSPECTION COPY

**COPYRIGHT  
PROTECTED**



INSPECTION COPY



# Chapter 4: Best practice in health care settings

Best practice in health and social care focuses on delivering high-quality, person-centred care that meets the unique needs of individuals while ensuring safety, dignity and respect. This involves developing clear policies, procedures and ethical standards to promote high standards of quality.

Key aspects of best practice include:

- Encouraging effective communication
- Maintaining confidentiality
- Promoting equality, diversity and inclusion
- Continuous staff training and collaborative working

**Applied activity**  
 Delivering best practice in social care settings: home, hospital and care home.

By regularly evaluating and improving practices, health and social care providers can ensure the quality of care and adapt to the changing needs of individuals and services.

## 4.1: Person-centred values

Person-centred values are principles that focus on putting the individual at the heart of care and support. This includes ensuring that individuals' preferences, needs and wishes are acknowledged and upheld. They emphasise allowing individuals to have control over decisions affecting their lives.

### Individuality

Individuality refers to treating each person as a unique individual with their own characteristics and experiences and recognising and respecting a person's distinct identity, including their background, preferences, and choices.

Promoting this value ensures that care and support are customised to suit the individual, rather than applying a one-size-fits-all approach. An example of this includes a care home ensuring service users can have the **autonomy** to make choices about their meals, activities, and room set-up according to their personal likes and dislikes.

Importance of applying individuality	Consequences for service users if not applied
✓ Acknowledges and respects each person's unique identity, values and preferences.	✗ Service users may feel misunderstood.
✓ Promotes a sense of dignity, self-worth and respect.	✗ This can lead to frustration and a loss of control over their own lives.
✓ Supports autonomy by involving individuals in decisions about their own care.	✗ May cause a decline in mental and physical well-being.
✓ Strengthens the relationship between service users and care providers.	✗ Ignoring cultural preferences can lead to discomfort or isolation.
✓ Leads to improved well-being, satisfaction and trust in the care service.	✗ Can lead to dissatisfaction with the care system.
✓ Encourages personalised care that is more effective and meaningful.	✗ May damage self-esteem and hinder recovery or overall health.

**COPYRIGHT PROTECTED**

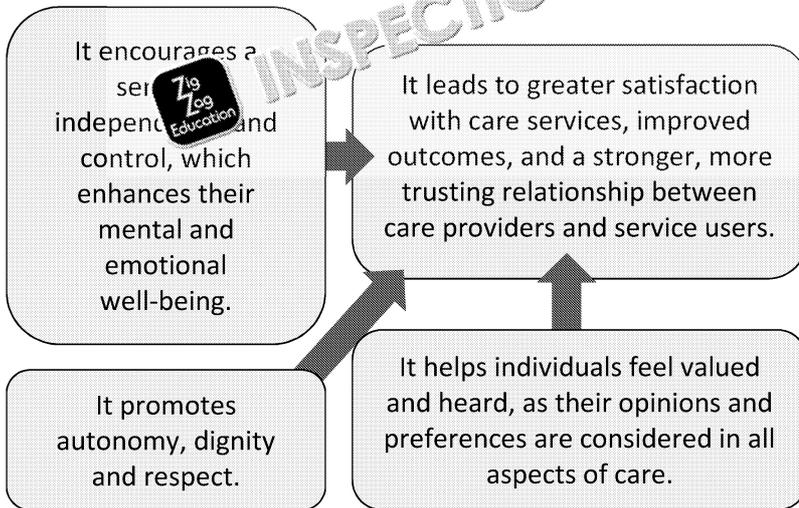


INSPECTION COPY

# Choice

Choice, as a person-centred value, means empowering individuals to make decisions about their care. It involves respecting and supporting the person's right to select the service that best suits their needs, preferences and goals. The focus is on giving individuals control over their care, allowing them to express their desires and wishes freely.

## The importance of applying choice...

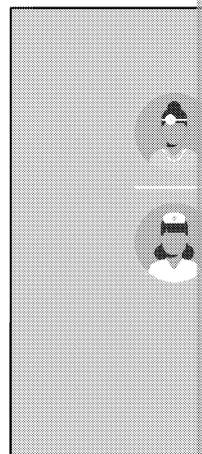


## The consequences...

Service users who do not have choice may feel disempowered, frustrated, and their preferences may be disregarded. They may feel that their own wishes are not being considered.

In hospital settings, choice can be promoted by involving patients in decisions about their **treatment plan**. For instance, a patient with a chronic condition may be offered several treatment options, such as different types of medication or therapy, and asked to choose which one they feel most comfortable with. Allowing choices about the level of care or treatment options helps patients feel more in control of their health.

**Treatment plan:** a detailed plan created by a healthcare professional to manage a patient's specific medical condition, illness, or injury.



INSPECTION COPY

**COPYRIGHT  
PROTECTED**



INSPECTION COPY



# Rights

Rights, as a person-centred value, refers to the fundamental human rights that everyone has, including the right to dignity, respect, privacy, equality and autonomy. In a care setting, individuals' legal rights are upheld, such as their right to make decisions about their care, to be treated fairly, and the right to be free from discrimination, abuse or neglect. It emphasises that individuals should have their rights respected and protected in every aspect of their care.

<b>Importance of applying rights</b> 	<ul style="list-style-type: none"> <li>✓ It ensures individuals are treated with respect and fairness, and their self-worth is maintained.</li> <li>✓ Individuals feel empowered, valued and protected, which helps to build trust in the care system.</li> <li>✓ Individuals have control over their own lives, including decisions about their care and treatment.</li> <li>✓ Care providers contribute to a safe, fair and supportive environment where individuals can thrive.</li> </ul>
<b>Consequences for the service user if rights are not applied</b>	<ul style="list-style-type: none"> <li>✗ Individuals may experience feelings of disempowerment, helplessness and loss of control.</li> <li>✗ Can lead to a loss of autonomy, dignity, and control over their lives, which can significantly affect their mental and emotional well-being. If individuals are not given the right to make decisions about their care, they may end up in a situation where they have no control.</li> <li>✗ This can lead to a lack of trust in care providers, dissatisfaction with care, and potential harm or abuse.</li> </ul>

In mental health care, applying rights means respecting the right of individuals to make choices about their treatment. For example, a person receiving therapy for depression should be given the right to choose which type of therapy or treatment they feel comfortable with, whether it's medication, cognitive behavioural therapy (CBT), or another form of intervention. They also have the right to participate in their care planning and have their preferences heard and acted upon.



INSPECTION COPY

**COPYRIGHT  
PROTECTED**



# Independence

Independence, as a person-centred value, refers to supporting individuals in maintaining or regaining control over their own lives and decisions. It involves empowering people to perform tasks and make choices for themselves, as far as possible, without unnecessary dependence on others. This value emphasises the importance of autonomy, where individuals are encouraged to be as self-reliant as possible in managing their care, activities, and personal choices.



 <p><b>Importance of applying independence</b></p>	<ul style="list-style-type: none"> <li>✓ Encourages dignity, self-worth and control.</li> <li>✓ Boosts confidence and sense of accomplishment, contributing to well-being.</li> <li>✓ Reduces feelings of dependency or helplessness.</li> <li>✓ Helps maintain identity, freedom, and personal choices, which leads to satisfaction and empowerment in their care and daily life.</li> </ul>
<p><b>Consequences for the service user if independence is not applied</b></p>	<ul style="list-style-type: none"> <li>✗ Service users may feel disempowered, frustrated or infantilised.</li> <li>✗ Loss of control over their own lives, which can lead to feelings of low self-esteem.</li> <li>✗ A lack of encouragement may reduce confidence in their abilities and dissatisfaction with care services.</li> <li>✗ Physical and mental health may decline due to inactivity or isolation.</li> <li>✗ A lack of independence can also have negative effects on personal choices. Individuals may not engage in activities that promote well-being. Examples of this could include a resident at a care home where independence is not encouraged. Residents may not participate in activities such as choosing how to decorate their personal spaces.</li> <li>✗ For example, a resident with mobility challenges could be given support to allow them to manage their own personal hygiene and clothing, thereby promoting their autonomy.</li> </ul>

**Case study:** Mrs Singh is a 75-year-old woman living in a residential care home. She uses a walking frame, and sometimes forgets appointments or misplaces things. She wants to stay as independent as possible.

**Applied activity:** Read the case study above. Create a list of ways to support Mrs Singh's independence. One example is encouraging her to choose her own clothes in the mornings.

INSPECTION COPY

**COPYRIGHT PROTECTED**



INSPECTION COPY



# Privacy

Privacy, as a person-centred value, refers to respecting an individual’s right to keep their information and decisions confidential. It involves safeguarding an individual’s dignity by ensuring their personal information, including medical details, financial information, and personal preferences, is not shared without their consent.

This value also extends to respecting a person’s physical privacy, ensuring they have a safe and comfortable environment, such as private spaces or time alone.

Importance of privacy	Consequences for service users
<ul style="list-style-type: none"> <li>✓ Individuals feel respected, secure, and in control of their personal information and space.</li> <li>✓ Individuals are more likely to trust their care providers, leading to stronger relationships and improved outcomes.</li> <li>✓ Prevents potential embarrassment or discomfort, particularly in sensitive situations such as medical examinations or discussions about personal matters.</li> <li>✓ Care providers promote a person’s sense of dignity and autonomy, encouraging a safe and supportive environment.</li> </ul>	<ul style="list-style-type: none"> <li>✗ Individuals may feel exposed, vulnerable or <b>violated</b>.</li> <li>✗ Sharing personal information can lead to feelings of betrayal.</li> <li>✗ Neglecting privacy during care can lead to embarrassment.</li> <li>✗ Lack of privacy can harm mental health and dignity.</li> <li>✗ This may result in feelings of isolation and a decline in mental and physical health.</li> </ul>

**Case study:** Mr Thompson, a 68-year-old patient, was admitted to hospital for a heart condition. During his stay, he noticed that conversations about his diagnosis were being held at his bedside, within earshot of other patients and visitors. This made him feel exposed, as he valued his privacy and did not want personal medical details shared without his consent.

Recognising this, the nurse arranged for future discussions to take place in a private room. From then on, all conversations about Mr Thompson’s care were held confidentially, involving only those responsible for his treatment. This change helped Mr Thompson feel respected, supported, and more engaged in the care he was receiving.

**Applied activity:** Read the case study above and discuss the following questions:

- What went wrong in the original situation?
- How did the nurse’s actions reflect person-centred care?
- Why is it important to protect a service user’s personal information and conversations about their care?

After your discussion, create a short list of best practices for maintaining privacy in a care setting. You could create a poster or checklist for new staff.

INSPECTION COPY

**COPYRIGHT  
PROTECTED**



# Dignity

Dignity, as a person-centred value, refers to treating individuals with respect and autonomy. It involves recognising each person's unique qualities, experiences and needs, and treating them with courtesy and respect, regardless of their condition or situation. This is particularly important for vulnerable, in need of care, or experiencing difficult circumstances.

Importance of applying it	Consequences for the individual
<ul style="list-style-type: none"> <li>✓ Encourages a sense of self-worth, respect and autonomy.</li> <li>✓ Helps individuals feel valued and therefore more likely to engage positively with their care providers.</li> <li>✓ It promotes emotional well-being.</li> <li>✓ Reduces feelings of shame or embarrassment, and helps to maintain good mental health.</li> <li>✓ Supports independence and autonomy, which is crucial for their overall happiness and quality of life.</li> <li>✓ Strengthens relationships, improves service user satisfaction, and leads to better health outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>✗ Individuals may feel powerless. For example, if they are less capable they may experience a loss of confidence, become withdrawn or depressed.</li> <li>✗ In care settings, a lack of dignity can lead to individuals feeling disempowered, especially if they are not consulted regarding their care. This can affect their mental health, self-esteem, and decrease their motivation to engage in care.</li> </ul> <div style="border: 1px dashed black; padding: 5px; margin: 10px 0;"> <p><b>Objectify:</b> to treat someone as an object, as if they have no opinions or rights of their own.</p> </div> <ul style="list-style-type: none"> <li>✗ The absence of dignity can lead to feelings of resentment, mistrust, and a breakdown in the care process.</li> </ul>

## Case study

Mrs Sandeep, an 85-year-old Indian woman with early-stage dementia and limited mobility, lives in a residential care home. She speaks Gujarati and some English, is deeply religious, and follows a strict vegetarian Hindu diet. Recently, she became withdrawn and avoided communal activities. A new staff member, unaware of her cultural needs, assisted her with bathing without respecting her privacy. There was also confusion about her diet, and she was mistakenly served a non-vegetarian meal.

**Applied activity:** Read the case study and answer the following questions linking to the learning objectives.

- How would you make sure Mrs Sandeep's cultural needs and privacy are respected?
- Why is it important to engage Mrs Sandeep when supporting her with bathing?
- How can staff promote dignity if Mrs Sandeep has limited communication skills?

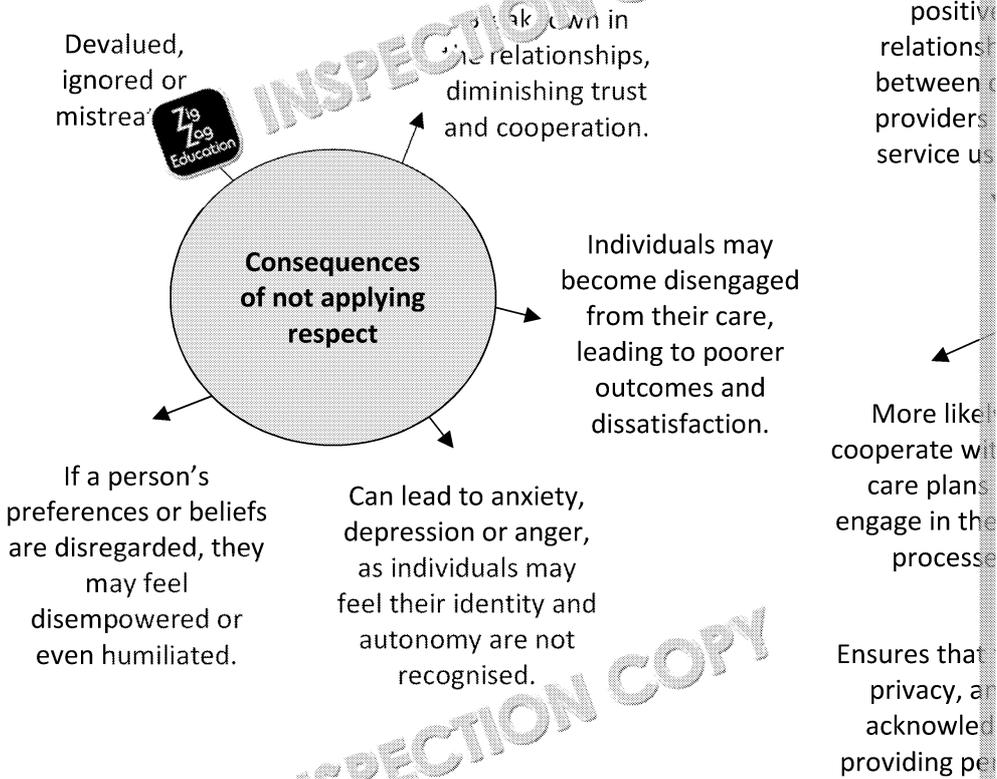
INSPECTION COPY

**COPYRIGHT  
PROTECTED**



# Respect

Respect, as a person-centred value, involves treating individuals with consideration for their rights, preferences and beliefs. It means acknowledging and valuing the uniqueness of each individual, understanding their personal needs, and encouraging an environment where they are heard and understood. Respecting someone also means honouring their dignity, choices and personal preferences and decisions, even when they differ from your own.



**Case study:** In care settings, respect is vital in acknowledging that individuals have feelings and experiences. For example, a person receiving mental health care should be encouraged to express their thoughts and emotions without judgement. Mental health professionals should listen, offer support regarding treatment, offering options and supporting individuals in making informed choices about their care. Individuals should also be given the right to maintain their privacy and dignity by not discussing sensitive topics related to their mental health.

**Applied activity:** Read the case study above. In small groups, discuss the following questions.

1. Why is it important to respect a person's preferences and belief in mental health care?
2. What are the potential consequences when respect is not shown?
3. How can care providers ensure they are supporting autonomy and dignity in care?
4. Can you think of examples where respect made a positive difference in someone's care?

INSPECTION COPY

**COPYRIGHT  
PROTECTED**



## Partnership

Partnership, as a person-centred value, involves collaborating with individuals, the professionals to achieve the best possible outcomes. It emphasises a shared responsibility in care delivery, where each party's contributions and expertise are valued. In health care means that service users are actively involved in planning and managing their care and their preferences are central to the process. It also involves maintaining effective communication between care providers and the individual.

### Importance of applying partnership

- ✓ When service users, families, and professionals work together, care plans are tailored to individual needs and preferences, leading to more effective care and better outcomes.
- ✓ Partnership encourages shared decision-making, which empowers individuals in their care, making them feel valued and respected.
- ✓ Ensures that all relevant perspectives are considered, which can lead to more comprehensive care.
- ✓ Improves trust, communication and cooperation between all parties, contributing to a better care experience.

### Consequences for the service user if partnership is not applied

- ✗ If partnership is not applied, individuals may feel excluded or powerless in their care. For example, if a care provider does not involve the service user in discussions, the individual may feel that their needs, preferences or concerns are not being considered.
- ✗ Can lead to feelings of frustration, resentment, or disengagement from the care process.
- ✗ Without a partnership approach, care may become less personalised and more of a one-size-fits-all agenda, which could reduce the quality of care and lead to poorer outcomes.
- ✗ Additionally, lack of partnership can result in ineffective communication, misunderstandings, and a breakdown in trust between the service user and care providers.



**COPYRIGHT  
PROTECTED**



## Encouraging service users' decision-making

Encouraging service users' decision-making, as a person-centred value, involves supporting individuals to make choices and take control of their own care and life decisions. This means recognising and respecting the individual's right to make informed decisions, whether about their health care, daily activities, or personal life.

Encouraging decision-making involves providing the necessary information, support and resources so that the individual can weigh up their options and choose the best course of action for themselves. This value emphasises autonomy and self-determination, allowing the individual to be an active participant in the decisions that affect their life.



Importance of encouraging service users' decision-making	Consequences for the service user if this is not done
<ul style="list-style-type: none"> <li>✓ Empowers individuals and promotes their sense of autonomy and control.</li> <li>✓ Individuals are more likely to feel respected, valued, and engaged in their care.</li> <li>✓ Helps to improve emotional well-being but also enhances their overall quality of life.</li> <li>✓ Encouraging service users to make choices can lead to better outcomes, as people are more likely to follow through with decisions they have made independently.</li> <li>✓ Supports the individual's dignity and self-worth by encouraging a partnership between the service user and the care provider, which is central to person-centred care.</li> </ul>	<ul style="list-style-type: none"> <li>✗ Individuals may feel controlled. For example, they may be treated without their opinions being valued, leading to anger, or disengagement.</li> <li>✗ Lack of involvement and sense of control can lead to diminished well-being.</li> <li>✗ Individuals may be less likely to follow through with decisions which can affect their health and sense of <b>personal agency</b>.</li> </ul> <div style="border: 1px dashed black; padding: 5px; margin: 10px 0;"> <p><b>Personal agency</b> – being able to make choices and take actions that affect your life.</p> </div> <ul style="list-style-type: none"> <li>✗ Over time, can result in reduced trust in providers and a diminished quality of life.</li> </ul>



In a nursing home setting, encouraging decision-making is a key aspect of promoting dignity and autonomy. This can be achieved by actively involving residents in choices about their daily routines and personal preferences. For instance, staff can consult residents about their preferred mealtimes, participation in social or recreational activities, or even how their living space is arranged. These small but meaningful choices help individuals feel valued and respected. Importantly, capacity should always be presumed unless there is clear evidence to suggest otherwise, ensuring that all residents are given the opportunity to participate in decisions about their lives.

Did you know? Over 40% of people in care do not have their views taken into account when making decisions about their care.

**COPYRIGHT PROTECTED**



**Applied activity:** Think of a different setting, e.g. a hospital. Discuss with a partner how you could encourage decision-making in your chosen setting.



<sup>10</sup> <https://www.england.nhs.uk/personalisedcare/shared-decision-making/about/>

## 4.2: The 6Cs

'Compassion in Practice' is a Department of Health strategy launched in 2012, which promotes compassionate care provision by nurses, midwives and care staff. This was underpinned by values that should be demonstrated in the way that staff provide care. This is especially in care settings to encourage a compassionate, competent and ethical approach to care, to provide the best possible support and that individual care needs are met.

### Care

The care provided to service users should meet their individual needs, and it should be safe, effective and consistent. Care should aim to improve the health and well-being of the individual and should consider their unique circumstances and preferences to ensure **person-centred practice**.

Person-centred practice

#### Case study:

A care worker in a care home notices that an elderly resident appears to be anxious and refuses to eat during mealtimes. The care worker takes time to sit with the resident, gently asking about their concerns, and encourages them to share their feelings. By listening and providing reassurance, they discover the resident is struggling with their dentures, which are causing discomfort when eating.



The care worker informs the care team and arranges a dental appointment to address the issue. The dental assistant ensures the resident is provided with soft food options and continues to offer support and companionship. This demonstrates compassion by recognising the resident's needs with empathy, and taking action to improve their well-being and dignity.

### Compassion

Showing compassion involves demonstrating kindness and empathy towards service users and going the extra mile to ensure their comfort is a characteristic of a good part of care, especially when a service user is going through a very difficult time in their life.

#### Case study:

A doctor specialising in end-of-life care for a terminally ill patient notices they are being away from their family during the end-of-life stage. Instead of focusing solely on medical treatment, the doctor takes time to sit with the patient, hold their hand, and listen to their fears, providing reassurance.

Recognising the emotional importance of family, the doctor supports arranging a video call with the patient's relatives. This demonstrates compassion as it not only addresses the patient's emotional needs but also demonstrates empathy, understanding and kindness in supporting them during a vulnerable time. This is important to improve the quality of care by encouraging positive relationships and supporting open communication, improving the emotional well-being of service users, and supporting recovery and health.



COPYRIGHT  
PROTECTED



**Applied activity:** Read the case studies on care and compassion. In small groups discuss the care provider in each scenario took to show care or compassion and the actions helped to improve the service user's well-being.

## Competence

This means someone having the right skills, knowledge and experience to carry out a task. Service users should be able to expect that care staff have been sufficiently trained to deliver care in an effective way.

### Case study:

A paramedic responding to an emergency finds a patient experiencing severe chest pain. Using their skills and expertise, the paramedic quickly assesses the patient's symptoms, performs a physical examination, and can recognise signs of a heart attack. They administer the appropriate medication to the patient and ensure they are safely transferred to the hospital for further treatment, maintaining communication with the hospital to provide accurate information about the patient's condition.

This demonstrates **competence** by applying specialised skills and expertise to deliver care that can save the patient's life. This is important in health and social care because care providers have the necessary skills, knowledge and expertise to deliver safe, effective care.

## Communication

Good communication underpins the quality of health and social care services. Staff should involve service users in decisions about their care, and attempts should be made to ensure service users are provided with a full explanation of what their care and treatment options are. Staff should communicate effectively with one another, which improves the continuity of care and reduces the risk of errors.

### Case study:

A nurse explains a new treatment plan to a patient whose first language is not English. The patient has been diagnosed with diabetes. To ensure the patient fully understands, the nurse uses simple language and visual aids to describe the condition and how to manage their condition, including diet, medication, and monitoring. The nurse also encourages the patient to ask questions and provides support for any concerns. The nurse follows up by giving written instructions and contact details for further support, ensuring the patient is confident about managing their health.

This demonstrates effective communication by ensuring the patient understands the condition and is supported, and is taking an active role in their care and treatment. Promoting effective communication enhances understanding and enhances team collaboration, ensuring care is coordinated and delivered with efficiency and quality of service.

**Research activity:** Research different ways to communicate.



**COPYRIGHT  
PROTECTED**



INSPECTION COPY



## Courage

Having courage means being brave enough to do the right thing, even if it can seem scary at the time. For instance, care workers should have the courage to speak up against discrimination if they see it occurring.

PPE  
equ  
mos

INSPECTION COPY

### Case study:

A support worker notices that a colleague is not following proper hygiene protocols, not washing their hands at mealtimes, and not wearing appropriate PPE during personal care. Despite their workload, the support worker reports the issue to their manager to ensure the safety and well-being of the people they support.



This demonstrates courage by prioritising safety, even if it may cause some personal backlash. Courage is essential to promote health and safety, promoting accountability and ethical behaviour by challenging inappropriate or harmful behaviour.

## Commitment

Staff working in care should provide the best quality care for service users that they can. Providing good care involves being reliable and trustworthy in the way that duties are carried out.

### Case study:

A care worker notices that a resident in a supported living service is becoming increasingly lonely. Despite their daily workload, the care worker consistently makes time to engage with the resident, listening to their concerns and encouraging them to join in with activities. The care worker raises the issue during handover and team meetings, collaborating with colleagues to develop a care plan that prioritises the resident's social and emotional well-being.



This shows commitment by dedicating time and effort to address the resident's needs, ensuring they are valued, supported and included. Commitment is important in all care settings as it leads to person-centred care, improving outcomes for service users. In addition, it encourages a culture where professionals demonstrate dedication; this can also build trust with service users and colleagues, creating a positive and supportive environment for all involved.

**Applied activity:** For each of the case studies given, discuss the consequences for the 6Cs are not applied in each of the scenarios.

COPYRIGHT  
PROTECTED



INSPECTION COPY

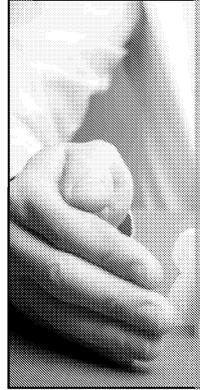


## 4.3: Safeguarding in health and social care

Safeguarding in health and social care settings refers to the measures and actions taken to protect individuals, particularly **vulnerable** groups such as children, the elderly, and those with disabilities, from abuse, neglect and exploitation. It aims to create a safe environment where individuals can receive care and support without fear of harm.

Safeguarding includes prevention, protection, empowerment and partnership. It ensures that care is safe, effective, and respectful of individuals' rights. This approach involves staff training, clear policies and clear procedures, as well as collaboration with external agencies.

Safeguarding also requires individuals to be empowered to make decisions about their care, with support to raise concerns about safety. Key laws, such as the Care Act (2014) and the Children Act (2004), underpin safeguarding practices in health and social care.



### Safeguarding policies in care settings

Safeguarding **policies** in health and social care settings are designed to protect individuals – especially those who are vulnerable – from abuse, neglect and **exploitation**. These policies outline the procedures and protocols that care providers must follow to ensure the safety and well-being of service users.

They include policies for identifying, reporting, and responding to concerns about abuse or neglect, as well as measures to prevent harm from occurring in the first place. Safeguarding policies also emphasise the importance of staff training, ensuring that all employees understand how to recognise signs of abuse and how to act appropriately.

The policies are informed by legal frameworks such as the Care Act (2014) and the Children Act (2004), and they promote a culture of accountability, transparency, and respect for the rights of service users. They aim to create a safe and supportive environment where individuals can receive care free from harm, and where their concerns will be taken seriously.

#### AIM OF SAFEGUARDING POLICIES

The aim of safeguarding policies is to protect individuals from harm and ensure that care environments are safe. They establish clear procedures for reporting concerns, investigating allegations, and taking appropriate action to safeguard individuals from harm. Safeguarding policies promote the empowerment of service users, ensuring they have the support to make informed decisions about their care and report any issues related to their safety.

#### LEGAL REQUIREMENTS

It is a legal requirement for care settings to have a safe policy. This policy must comply with the **Children Act (2004)** and the **Safeguarding Vulnerable Groups Act (2006)**. These frameworks require that staff are trained, aware of their duties, and must know how to act appropriately to protect service users.

INSPECTION COPY

COPYRIGHT  
PROTECTED



## Key features of a safeguarding policy

Key features of a safeguarding policy in health and social care settings include clear *report* and *respond* to safeguarding concerns, ensuring that service users are protected from exploitation.

**Designated safeguarding lead (DSL):** the individual responsible for ensuring that a company's safeguarding policy is followed by all members of staff and appropriate measures



The policy should outline the roles and responsibilities of the **designated safeguarding lead (DSL)** and procedures for suspected abuse and how to communicate this. It must also include protocols for assessments, providing staff training, and ensuring staff are supported to express concerns safely. The policy should also outline procedures for investigating safeguarding concerns and the corrective actions that are taken.

Additionally, it emphasises the importance of working in partnership with external agencies, such as social services and law enforcement, to ensure a coordinated approach to safeguarding. Regular reviews of the policy and its implementation should also be included to ensure its effectiveness and relevance.

Apply to groups, safeguarding and support identify

## People who may need safeguarding

People who may need safeguarding are individuals who are at risk of abuse, neglect or exploitation due to their vulnerability. This includes the following:

- Children
- Elderly adults
- Individuals with physical or learning disabilities
- Individuals with mental health conditions
- Individuals with sensory impairments
- Individuals living in residential care settings
- Individuals who lack mental capacity



Safeguarding ensures that these individuals receive the necessary protection and support to maintain their safety and well-being.

**Did you know?** There were an estimated 615,530 adult safeguarding concerns in 2023-24, an increase of 5% on the previous year. This was a lower annual growth rate than in 2022-23 (9%).<sup>11</sup> [zzed.uk/12974-safeguarding](https://www.zzed.uk/12974-safeguarding)

**COPYRIGHT  
PROTECTED**



<sup>11</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/2023-24>

## Impacts of a lack of safeguarding

A lack of safeguarding in health and social care settings can have severe consequences, including physical harm, emotional distress, and long-term mental health issues. Vulnerable individuals are at greater risks of abuse, neglect or exploitation, leading to a loss of trust in care providers. Without adequate safeguarding, individuals may also experience a decline in their well-being, and care providers may face ethical and reputational repercussions. Ultimately, failing to safeguard service users in health and social care settings puts individuals at greater risk of harm.

Type	Description	Examples
Physical	Harm or injury to a person's body due to neglect, abuse, or unsafe environments.	<ul style="list-style-type: none"> <li>Physical injuries such as bruises, fractures or burns.</li> <li>Development of chronic health conditions due to neglect.</li> </ul>
Intellectual	Intellectual abuse involves the manipulation or undermining of an individual's mental capacity or ability to think clearly, often through coercion, deceit, or control over their decision-making.	<ul style="list-style-type: none"> <li>A family member pressures an elderly person with dementia into signing legal documents they do not fully understand.</li> <li>A staff member constantly undermines a service user's choices or opinions, making them doubt their own judgement.</li> </ul>
Emotional	Emotional abuse involves the use of manipulation, humiliation or intimidation to control, degrade, or cause psychological harm to an individual, often leading to feelings of fear, worthlessness or anxiety.	<ul style="list-style-type: none"> <li>A family member withholds affection or support as a form of punishment, making the service user feel unloved and isolated.</li> <li>A care worker manipulates a service user emotionally, using guilt to make them comply with demands or requests.</li> </ul>
Social	Social abuse refers to the intentional isolation or restriction of an individual's social interactions, preventing them from engaging with family, friends, or the community, which can lead to feelings of loneliness and dependency.	<ul style="list-style-type: none"> <li>A caregiver isolates a service user from their family and friends, limiting their social interaction support network.</li> <li>A staff member discourages a service user from participating in group activities or community events, leading to social exclusion.</li> </ul>

INSPECTION COPY

**COPYRIGHT  
PROTECTED**



INSPECTION COPY



## Dealing with disclosures

Dealing with disclosures in health and social care involves responding appropriately when an individual shares information about abuse, neglect or harm they have experienced or are at risk of experiencing.

The key steps include:

1. Listening carefully without judgement or interruption, taking the disclosure seriously, and providing reassurance that the individual did the right thing by speaking up.
2. Remaining calm and avoiding showing shock or disbelief, and not making promises or promises of confidentiality, as the information may need to be shared with relevant authorities to ensure safety.
3. Accurate and detailed notes should be made as soon as possible, capturing the exact words used by the individual.
4. The disclosure must then be reported following the organisation's safeguarding policy, such as to the designated safeguarding lead (DSL), ensuring the matter is handled sensitively and appropriately.
5. If concerns are not addressed, follow the whistle-blowing policy or escalate the issue according to the next steps outlined in the organisation's safeguarding policy.

Respect  
safeguarding  
and  
the  
re  
a fail

By dealing with disclosures effectively, care providers can help protect vulnerable individuals and ensure they receive the support and intervention needed to address their situation.

### Duty to report suspected abuse

In health and social care, professionals must take appropriate action to safeguard individuals. They have a duty to report suspected abuse to the relevant safeguarding leads or

- **Physical** – causing physical harm, e.g. hitting, pushing, or misuse of medication
- **Emotional** – causing psychological harm, e.g. verbal threats, humiliation, or isolation
- **Sexual** – non-consensual contact, e.g. inappropriate touching or exposure
- **Neglect** – failing to meet basic needs, such as food, hygiene, or medical care
- **Financial** – misuse or theft of a person's money, property or finances.

Reporting is vital to prevent further harm, initiate investigations, and provide the support needed for those affected. Professionals are expected to act promptly and follow organisational policies while maintaining confidentiality while sharing information with appropriate parties. Failure to report can have serious consequences, including continued harm to the individual and legal or disciplinary action against the professional. By fulfilling their duty to report, care providers help uphold safety, dignity and well-being in health and social care settings.

### Follow reporting procedures

Following reporting procedures in health and social care ensures that concerns about abuse, neglect or harm are managed effectively and in accordance with legal and organisational safeguarding guidelines. The process typically involves recognising the signs of potential abuse, recording the details accurately, and reporting the concerns to a designated safeguarding lead or appropriate authority.

Adhering to reporting procedures maintains confidentiality while ensuring that information is shared with the right individuals for further investigation. It also ensures that the response to safeguarding concerns is consistent, timely and thorough.



**COPYRIGHT  
PROTECTED**



**Case study:**

John, a 65-year-old resident at a nursing home, says quietly:  
 'Please don't tell anyone... but my relative who visits sometimes takes money from my purse. I don't want to cause trouble.'



**Applied activity:** Read the case study (left). Write a short paragraph explaining why following safeguarding procedures can protect John.

**Support and comfort for the individual**

Providing support and comfort for individuals involves addressing their emotional needs to promote well-being and a sense of security. This includes actively listening, offering reassurance, and creating a calm and safe environment. Care providers should respect the individual's feelings, and adapt their approach based on the person's preferences.

Support can also include practical assistance, such as helping with daily activities or addressing emotional or mental health challenges.

**Do not judge**

Maintaining a non-judgemental approach in health and social care is essential for encouraging trust, respect, and effective communication with individuals. It involves treating every person with empathy, understanding and impartiality, regardless of their circumstances, choices or background. By avoiding assumptions or **biases**, care providers create an environment where individuals feel safe to express their needs and concerns.

A non-judgemental attitude helps ensure that care is person-centred and inclusive, promoting equality. It also encourages open dialogue, reduces stigma, and supports individuals to align with their values and preferences. This approach is fundamental to providing compassionate care.

**Maintain confidentiality**

Maintaining confidentiality in health and social care is a fundamental ethical and legal requirement. It involves protecting individuals' private information. This means ensuring that personal and sensitive conversations are not shared without the individual's consent, except in cases of harm or a legal obligation to disclose.

Confidentiality encourages trust between care providers and individuals, encouraging them to share information during care. It involves secure handling of records, discreet communication, and sharing information only with authorised personnel when necessary. By safeguarding confidentiality, care providers uphold professional standards, respect individuals' rights, and contribute to a safe and supportive care environment.

**Protect self**

Protecting oneself in health and social care is crucial to ensuring the safety and well-being of care providers while delivering high-quality services. This involves adhering to health and safety protocols, such as using personal protective equipment (PPE), practising proper hygiene, and following infection control measures to reduce the risk of illness or injury.

Care providers should also set clear personal boundaries to avoid emotional burnout and maintain their well-being. Training and supervision can help staff stay informed about risks and how to manage them effectively. Prioritising self-protection, care providers can maintain their health and safety, enabling them to deliver consistent and effective care to others.

Biases  
per

**COPYRIGHT  
PROTECTED**



## 4.4: Supporting practitioners to apply health and social care settings

Supporting practitioners to apply best practice in health and social care ensures that care settings meet the needs of individuals while maintaining safety and ethical standards. This includes providing access to training and professional development to keep practitioners up to date with the latest regulations. Supervision and mentoring help practitioners reflect on their work, and peer support can help to improve performance.

Clear policies, procedures, and resources support consistent application of standards. Encouraging teamwork, open communication, and sharing knowledge encourages a collaborative environment that promotes best practice. Regular audits and feedback mechanisms also ensure accountability and continuous improvement. By empowering practitioners, care settings can achieve better outcomes for service users and maintain a positive, professional environment.

### Using effective communication

Effective communication in health and social care is essential for building trust, understanding, and positive relationships between care providers and individuals. It involves using clear, respectful language that is tailored to the needs of the person, considering factors such as their age, cultural background, and communication abilities.

**Active listening**, empathy, and non-verbal cues such as body language and facial expressions are vital for ensuring that the individual is heard and valued. Effective communication also facilitates accurate information sharing, supports informed decision-making, and reduces misunderstandings or errors. By encouraging **open dialogue**, care providers can better address individuals' needs and preferences, creating a person-centred care environment.

### Provision of training and professional development opportunities

The provision of training and professional development opportunities in health and social care settings ensures that practitioners remain competent, confident, and up to date with the latest standards. Continuous learning equips staff with the knowledge and skills needed to provide high-quality, person-centred care while addressing the diverse and evolving needs of individuals.

Training covers areas such as safeguarding, infection control, communication, and leadership. Professional development encourages career growth, boosts morale, and enhances skills. Organisations benefit by maintaining high standards, reducing errors, and ensuring compliance with ethical requirements, ultimately creating a safe and effective care environment.

INSPECTION COPY

COPYRIGHT  
PROTECTED



## Mentoring, monitoring and performance management

Mentoring, monitoring and performance management of staff in health and social care are essential for ensuring high standards of care and supporting the development of staff.



- Mentoring provides guidance, support and feedback to staff members, helping them to improve their skills, knowledge and confidence. It involves experienced practitioners offering advice, sharing expertise, and helping less experienced staff navigate challenges in their roles.
- Monitoring involves regularly assessing staff performance through observations, feedback and audits to ensure that care practices meet organisational standards and regulations. Performance managers set clear expectations, providing constructive feedback, and addressing any performance issues through reviews, training, or support.
- Together, these processes promote professional growth, improve care quality, and ensure that service users receive the highest standard of care. They also help to identify and address any gaps in performance or skills, encouraging a culture of continuous improvement.

## Staff meetings to discuss issues/practice

Staff meetings to discuss issues and practice in health and social care provide an opportunity for communication, collaboration and problem-solving among team members. These meetings address challenges, share best practice, and ensure consistency in care delivery. They allow practitioners to discuss any concerns related to their role, service users, or the work environment, and to collectively develop solutions.

Additionally, staff meetings facilitate the sharing of updates, new policies, and any organisational changes, ensuring that all team members are informed and aligned. These meetings create a sense of teamwork, improve morale, and help to maintain high standards of care by allowing staff to reflect on their practices, learn from each other, and make necessary adjustments to improve delivery service.



**Applied activity:** You have been asked to organise a short staff meeting in your care setting on an important topic such as infection control, safeguarding updates, or improving person-centred care.

Select a relevant issue and care setting and write a simple agenda on what to discuss and how to address it.

**COPYRIGHT  
PROTECTED**



INSPECTION COPY



## Chapter 4: Questions (4.1–4.4)

### Checking my understanding:

1. Identify **four** person-centred values.
2. What is meant by the term 'safeguarding'?
3. Identify the 6Cs.
4. Identify which groups of people are more vulnerable to harm.
5. Outline the impact of a lack of safeguarding.

### Developing my understanding:

**Scenario:** A nurse in a residential nursing home is in a rush and tests the blood sugar of a service user without checking their care plan or explaining the procedure. She does not ask for consent and does not add the result to the care records afterwards. The service user appears confused and is unsettled.

6. Explain what effect the nurse's failure to follow the 6Cs might have on the service user in this scenario.
7. Describe what safeguarding concerns you may have for the service user in this scenario.
8. Outline why supporting best practice, such as gaining consent and following a care plan, is important for
  - a) this service user,
  - b) the nurse, and
  - c) the care provider.
9. Describe four person-centred values the nurse should have practised and explain how she could have demonstrated them.
10. Explain what key elements of a safeguarding policy the nurse should have followed in this scenario.

INSPECTION COPY

**COPYRIGHT  
PROTECTED**



INSPECTION COPY



# Answers to Revision Questions

## Chapter 1: Equality, diversity, and rights in health and social care settings

### Checking my understanding:

No.	Answer
1.	<p><b>2 marks for any of the following:</b></p> <ul style="list-style-type: none"> <li>• Embracing and celebrating differences</li> <li>• Promoting inclusion</li> <li>• Free from discrimination</li> <li>• Equal opportunities</li> </ul> <p><i>Accept other suitable answers</i></p>
2.	<p><b>1 mark for each correct answer (up to 3 marks)</b></p> <ul style="list-style-type: none"> <li>• Dignity</li> <li>• Respect</li> <li>• Independence</li> <li>• Individuality</li> <li>• Choice</li> <li>• Privacy</li> </ul>
3.	<p><b>1 mark for each correct answer (up to 5 marks)</b></p> <ul style="list-style-type: none"> <li>• Age</li> <li>• Disability</li> <li>• Gender reassignment</li> <li>• Marriage and civil partnership</li> <li>• Pregnancy and maternity</li> <li>• Race</li> <li>• Religion or belief</li> <li>• Sex</li> <li>• Sexual orientation</li> </ul>
4.	<p><b>1 mark for:</b> A preconceived opinion that is not based on fact or actual experience.</p> <p><i>Accept other suitable answers</i></p>
5.	<p><b>1 mark for each correct answer (up to 6 marks)</b></p> <ul style="list-style-type: none"> <li>• Organisations developing an equality and diversity policy and ensuring that staff have an understanding</li> <li>• Organisations providing all staff with equality and diversity training as part of their induction</li> <li>• Developing tailored care and support plans</li> <li>• Challenging discrimination</li> <li>• Celebrating diversity</li> <li>• Providing accessible services</li> <li>• Advocating for rights</li> <li>• Promoting choice and independence</li> </ul> <p><i>Accept other suitable answers</i></p>

INSPECTION COPY

**COPYRIGHT  
PROTECTED**



Developing my understanding:

No.	Answer
6.	<p><b>1 mark for each correct answer (up to 3 marks)</b></p> <ul style="list-style-type: none"> <li>Promotes fair treatment and equal opportunities to prenatal services</li> <li>Helps reduce the risk of misunderstanding or miscommunication during care</li> <li>Encourages trust and confidence in the healthcare system</li> <li>Supports the mother's right to make informed decisions</li> <li>Supports the mother's right to receive same quality care, regardless of language</li> </ul> <p>Accept other suitable answers</p>
7.	<p><b>1 mark for each correct answer (up to 3 marks)</b></p> <ul style="list-style-type: none"> <li>Enhanced health and well-being for mother and baby, due to appropriate care</li> <li>Reduced anxiety associated to language or cultural barriers</li> <li>Increased confidence in attending future appointments</li> <li>Strengthened trust and relationships between mother and healthcare professional</li> <li>Increased empowerment and autonomy over her own care decisions</li> <li>Reduction in gap to health inequalities</li> </ul> <p>Accept other suitable answers</p>
8.	<p><b>1 mark for each correct answer (2 marks for each correct definition)</b></p> <ul style="list-style-type: none"> <li>Direct discrimination occurs when someone is treated unfairly or less favourably because of a particular characteristic</li> <li>Example: The GP ignores the mother's concerns or speaks only to her partner who struggles with English</li> <li>Indirect discrimination is when a policy, practice or rule that applies to everyone has a disproportionate negative effect on a particular group of people</li> <li>Example: The clinic only provides written information in English, making it difficult for a non-English speaking mother to understand her care options</li> </ul> <p>Accept other suitable answers</p>
9.	<p><b>1 mark for each correct answer (up to 3 marks)</b></p> <ul style="list-style-type: none"> <li>Stereotyping: Assuming she is uneducated or uninvolved in her care due to language barriers</li> <li>Exclusion: Not being offered an interpreter or prenatal classes due to language barriers</li> <li>Victimisation: Being treated dismissively after raising concerns about communication in her care</li> </ul> <p>Accept other suitable answers, e.g. health inequalities, discrimination</p>
10.	<p><b>1 mark for each correct answer (up to 3 marks)</b></p> <p>Examples of how discrimination can have a physical impact:</p> <ul style="list-style-type: none"> <li>Misunderstanding how to take prescribed medication may lead to harm to the mother or baby</li> <li>Undiagnosed symptoms (e.g. gestational diabetes) could result in birth complications or poor maternal health</li> <li>Chronic stress from feeling ignored or misunderstood can lead to high blood pressure and a weakened immune system</li> </ul> <p>Examples of how discrimination can have an intellectual impact:</p> <ul style="list-style-type: none"> <li>Difficulty understanding healthcare advice may reduce her ability to make informed decisions</li> <li>Fear of speaking up may stop her from asking questions, limiting her knowledge about pregnancy, childbirth and infant care</li> <li>Reduced confidence could impact her problem-solving skills</li> </ul> <p>Examples of how discrimination can have an emotional impact:</p> <ul style="list-style-type: none"> <li>She may feel invisible, anxious or frustrated</li> <li>Feeling isolated may lead to low self-esteem, anxiety, or postnatal depression</li> <li>Emotional distress might cause her to avoid future appointments out of fear of being misunderstood or judged and therefore not meet her needs</li> </ul> <p>Examples of how discrimination can have a social impact:</p> <ul style="list-style-type: none"> <li>She may feel excluded from support groups or services due to language barriers</li> <li>Discrimination may make her reluctant to engage with local parenting or support services, which limits her ability to form friendships or build a support network</li> </ul> <p>Examples of how discrimination can have a financial impact:</p> <ul style="list-style-type: none"> <li>Language problems could lead to time off work, job loss, or increased dependence on family</li> <li>She may miss out on financial help or services available to pregnant women if she does not understand the information or support</li> </ul>

**COPYRIGHT  
PROTECTED**



## **Preview of Answers Ends Here**

---

This is a limited inspection copy. Sample of answers ends here to stop students looking up answers to their assessments. See contents page for details of the rest of the resource.